# *"Caregiver burden, social support, and family well-being among caregivers of Common Mental Disorder patients at a tertiary care hospital in Bhopal"*

***Dissertation***

**Submitted to the**

**Faculty of Nursing**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL**

***In partial fulfillment of the requirement for the degree of***

***M.Sc. in Mental Health (Psychiatric) Nursing***

By

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**August 2024**

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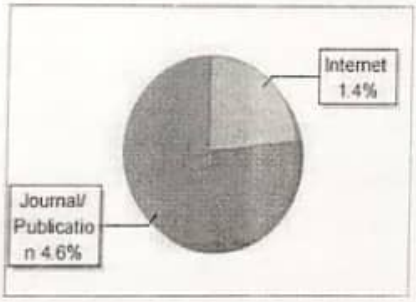


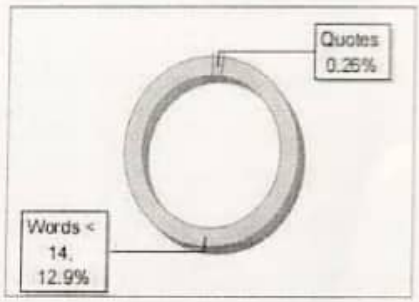


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AIIMS, Bhopal Institutional Human Ethics Committee- Student Research (IHEC-SR) in its 7th meeting held on 22nd February 2023 discussed your proposal titled **"A study to assess caregiver burden, social support and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal"** and evaluated it for suitability for your dissertation as required for fulfilment of MSc (Nursing).

**Following members attended the meeting:**

1. Prof. D. K. Pal, Former HoD Community Medicine, GMC, Bhopal ..... Chairperson
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The AIIMS, Bhopal IHEC-SR approves your research protocol. All research related activities must begin only after the date of this approval. The validity of this approval is till two years from the date of issuance. Please submit a closure report / renewal request before expiration of the validity for this approval.

Shashank Purwar

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**Dharmdas Ratre**

Date: ~~Bhopa~~. 05-02-2024

Place: BHOPAL



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## ABSTRACT

### Introduction

Common Mental Disorders (CMD) are distress states manifesting with anxiety, depressive and unexplained somatic symptoms. The CMD patients require care and attention, which place additional demands on the caregivers and the family members. This study aimed to determine the caregiver burden, social support, and family well-being among caregivers of CMD patients at a tertiary care hospital in Bhopal.

### Methodology

Descriptive study used a cross sectional design. A total of 236 caregivers of CMD patients were selected through convenient sampling technique. Caregivers of age 18 years and above, providing care to their family members with CMD patients for more than one month formed the sample. Socio demographic proforma, Zarit burden interview scale, Multidimensional scale of perceived social support and Family health scale were used to collect the data. Data were analyzed using SPSS version. 20.

### Result

About 53% of caregivers had mild to moderate burden, 31.3% had high burden and 15.7% had no to mild burden. 75.8% of caregivers expressed moderate support and 15.7% had high support. 48.3% had moderate family well-being and 5.9% had excellent family health. There was negative, moderate, statistically significant correlation between caregiver burden and perceived social support as well as family health. The relationship between perceived social support and family health scores was positive moderate and statistically significant ( $r = .584$, $p<0.05$).

## Conclusion

Caregiver burden decrease with social support and family well-being improves with social support. The findings in this study imply that there is considerable need to enhance family well-being of patient with CMD and their caregivers in Bhopal. Further peripheral health workers and the community can play greater roles towards care of CMD patient and their caregivers. There is scope to explore on contribution of health care providers in assuring family health and well-being.

**Keywords:** Caregiver burden, social support and family well-being, caregivers, common mental disorder

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## LIST OF ABREVIATIONS

| | |
|---|---|
| AFRD | Anxiety and Fear Related Disorders |
| BAS | Burden Assessment Schedule |
| CMD | Common Mental Disorder |
| FBIS | Family Burden Interview Schedule |
| ICD11 | International Classification of Diseases, 11th |
| IHEC-SR | Institutional Human Ethical Committee- Student Research |
| OCD | Obsessive Compulsive Disorder |
| OPD | Outpatient Department |
| PSS | Perceived Social Support |
| PTSD | Post Traumatic Stress Disorder |
| QOL | Quality Of Life |
| SPSS | Statistical Package for Social Sciences |
| WHO | World Health Organization |
| YBOCS | Yele Brown Obsessive Compulsive Scale |

# CHAPTER I

# INTRODUCTION

# CHAPTER I

# INTRODUCTION

## Background of the study

Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and able to contribute to her or his community.[1] Mental illness is a state marked by substantial disruption in cognitive, emotional regulation, and behavioral functioning.[2] As per world health organization (WHO) report one out of every four families currently has a member who is experiencing some form of mental illness.[3]

Mental disorder is a syndrome characterized by a clinically significant disturbance in cognition, emotion regulation, or behavior accompanied by psychological, biological, or developmental process dysfunction.[4] According to WHO, in 2019 one in every eight people, or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders being the most common. Anxiety disorders affected 301 million individuals, encompassing 58 million children and adolescents, while depression impacted 280 million people, with 23 million being children and adolescents. In 2020, the number of people living with anxiety and depressive disorders estimated by 26-28% because of the COVID-19 pandemic. WHO also estimates that about 7.5 percent Indian suffer from mental disorder.[5]

CMD are distress states manifesting with anxiety, depressive and unexplained somatic symptoms categorized as ‘neurotic, stress and fear related disorder and somatoform disorders in ICD-11. CMD is the transient feeling of sadness, stress,or fear that everyone may encounter at various point in life. According to the WHO, in 2013 report, an estimated 650 million people are currently suffering from CMD including anxiety

disorder.[6] As per the Global Burden of Disease Report, depression is the leading cause of disability among mental disorder, leading to 13% of the total disability- adjusted life years lost.[7] A systematic review of 115 studies in low and middle-income countries reported that CMD was strongly associated with poverty, education, food insecurity, housing, social class, socioeconomic status, and financial stress.[8]

The overall weighted current prevalence of CMD among Indian adult was 5.1% (70 million) In India, life time prevalence of depressive disorder is 5.3%, phobic anxiety disorder is 3.7%, other anxiety disorder is 1.3%, OCD is 0.8%, and PTSD is 0.2%.[9] A total of 56 million Indians suffer from depression and another 38 million Indians suffer from anxiety disorders.[5] National Mental health Survey 2015-16 was reports that the weighted prevalence of CMD in Madhya Pradesh 13.5. A life time prevalence of depressive disorder was 4.18%, phobic anxiety disorder was 1.4%, panic disorder was 0.3%, generalized anxiety disorder was 0.15%, other anxiety disorder was 0.64% and OCD was 0.4%.[10]

Burden usually refers to the physical, psychological, financial, and social discomfort that are experienced by the principal caregiver of a disabled family member.[11] Evidence from developed nations suggests that over 70% of individuals providing care for those with mental illness encounter a sense of burden. Almost 40% of primary caregivers for individuals with severe mental health issues experience this burden due to the responsibilities associated with caring for the patient.[12] Social support for families giving care for their mentally ill patients is accompanied by increased family functioning and recovery, whereas the lack of social support is connected to impaired of family functioning, increased psychiatric symptoms and diminished potential for full community integration.[13] More than 90% of people with mental illness live with and gets continuous support from their families.[14]

## Need for the study

Living with and caring for an individual with a psychiatric disorder seems inherently stressful. Family caregivers' main function is helping to meet the dependent person's basic and instrumental needs of daily life.[15] Kokane et al. in Madhaya Pradesh reported family members were not able to go for work because of care of the patient. Treatment gap was huge (90.7%) and the median duration of illness was 11 years.[10] A study by Roby et al, in Kerala (2021) reported the majority of caregivers experienced a moderate degree of burden.[16] Caregivers encounter a range of challenges and stressors every day, leading to a sense of diminished personal control and resulting in both physical and emotional changes.[17] The majority of research in India focused on caregiver burden, social support, and well-being primarily revolves around mental illness and chronic mental disorders. No such studies were reported on caregivers of CMD patients. Hence, this study is undertaken to understand the caregiver burden, social support and family well-being among caregivers of CMD patients. The purpose of the study is to generate evidence on the need for social support and family well-being for caregivers of CMD patients so as to help decision makers to devise appropriate social strategies.

## Research problem statement

"A Study to assess caregiver burden, social support, and family well-being among caregivers of CMD patients at a tertiary care hospital in Bhopal"

## Research Question

1. What is the magnitude of caregiver burden, social support, and family well-being among caregivers of patient with CMD.?

2. Is there a relationship between caregiver burden, social support and family well-being among caregivers of patient with CMD.?

**Objectives**

**Primary:**

1. To assess the caregiver burden, social support, and family well-being among caregivers of patient with CMD.
2. To find the relationship between caregiver burden, social support, and family well-being among caregivers of patient with CMD.

**Secondary:**

3. To find association patients age, gender and diagnosis with caregiver burden, social support and family well-being.

**Operation Definitions**

**Caregiver:** In this study, caregiver refers to any one of the patient's close relatives (father, mother, in-laws, spouse, siblings, son or daughter) who is an adult, caring the patient for more than one month.

**Caregiver burden**: In this study, caregiver burden refers to a feeling of exhaustion, frustration, depression, and impact on health in general that is measured using Zarit burden interview scale.

**Social support**: In this study, it refers to the perceived social support from the family members and friends, by the caregiver as measured using multidimensional scale of perceived social support.

**Family well-being**: In the present study, family well-being refers to the caregivers' perception of own safety, family support and the security system and is measured using family health scale.

**Common mental disorders**: In present study, common mental disorders refers to the depression, anxiety disorders (including generalized anxiety disorder, panic disorder, phobia, social anxiety disorder) OCD and PTSD, diagnosed by the registered Medical Practitioners and is documented in patient record

**Conceptual Framework**

The foundation of this study's conceptual framework draws upon the principles of general system theory, as articulated by Ludwig Von Bertalanffy in 1968. The framework encompasses key components such as input, process, output, and feedback. In this conceptual framework, a system is defined as a collection of elements that collaborate to attain a specific objective through interactions. An individual is considered a system, as they receive input from their surroundings. Upon processing this input, the individual generates an output.

Every living system operates as an open entity, engaging in ongoing exchanges of matter, energy, and information. The system functions in a cyclical and continuous manner, sustained by the interactions of its four components: input, process, output, and feedback. Any alterations in one of these components will result in changes throughout the entire system. Feedback, originating from within the system or the environment, offers valuable information that aids the system in assessing whether it is achieving its objectives or requires adjustments.

**INPUT**: In the current investigation, caregivers of individuals with CMD form a system wherein inputs originate from the self, the patient, as well as from family,

friends, and other environmental factors. These inputs include caregivers socio-demographic data including Age, gender, marital status, educational status, religion, residential area, employment status, occupation, family income per month and attendance in any training program on care of person with mental illness.

**PROCESS:** Once the system takes in the input, it undergoes processing in a manner that is beneficial or advantageous for the system. It refers to the resources from self, family and outside family care of an individual with CMD in the family. In this study the process is measured Zarit burden interview scale social support by multidimensional scale of perceived social support and family well-being by family health scale

**OUTPUT:** The outcome of a system is energy, which represents the material or informational content that the system eliminates during its operations. In this study the output were depicted as follows:

1. Caregiver burden: No - mild burden, mild - moderate burden and high burden.

2. Social support: Low support, moderate support and high support.

3. Family well-being: Poor family well-being, moderate family well-being and excellent family well-being

**FEEDBACK:** Feedback refers to internal information about functioning of the system. In this study feedback is not included.

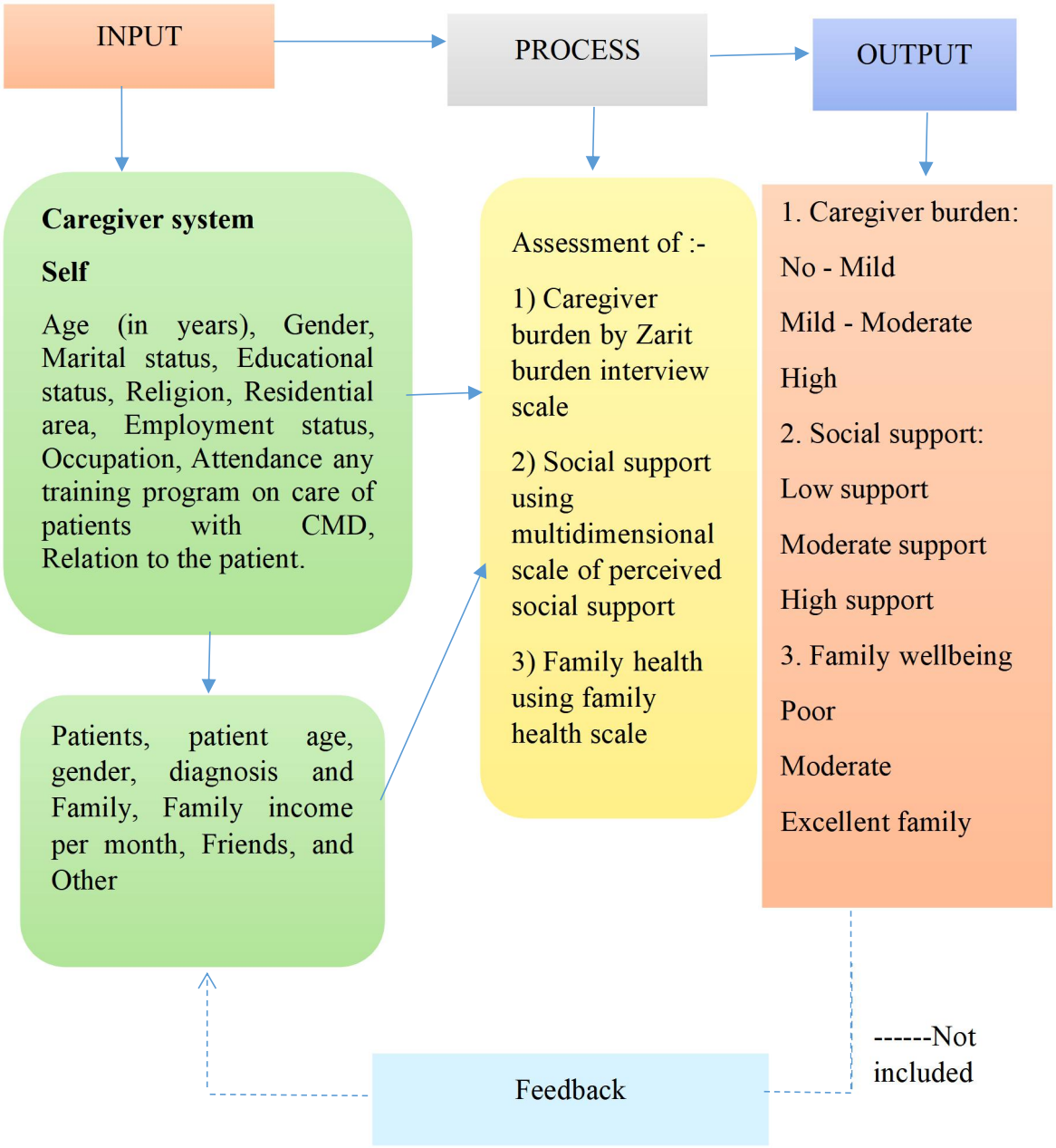
INPUT
PROCESS
OUTPUT
Caregiver system
Self
Age (in years), Gender, Marital status, Educational status, Religion, Residential area, Employment status, Occupation, Attendance any training program on care of patients with CMD, Relation to the patient.
Patients, patient age, gender, diagnosis and Family, Family income per month, Friends, and Other
Assessment of :-
1) Caregiver burden by Zarit burden interview scale
2) Social support using multidimensional scale of perceived social support
3) Family health using family health scale
1. Caregiver burden:
No - Mild
Mild - Moderate
High
2. Social support:
Low support
Moderate support
High support
3. Family wellbeing
Poor
Moderate
Excellent family
Feedback
------Not included

FIGURE 1 CONCEPTUAL FRAMEWORK BASED ON LUDWIG VON BERTALANFYS GENERAL SSYSTEM THEORY (1968)

**Summary:** This chapter dealt with background of the study, need for the study, objectives, operational definition, and conceptual framework based on general system theory.

# CHAPTER II

# REVIEW OF LITERATURE

# CHAPTER II

# REVIEW OF LITERATURE

A literature review is systematically conducted to contextualize a research problem and pinpoint deficiencies in prior studies, thus warranting a new investigation. It forms the groundwork for generating fresh knowledge by delving into existing research, offering a conceptual framework, and guiding the research approach. The review aims to uncover past efforts, methodologies employed by other researchers, and how their findings can be amalgamated to advance understanding in the field.[18]

Extensive exploration of both research and non-research literature from platforms such as Google Scholar, Research-gate, PubMed, Scopus, Wiley Online Library, and Cochrane was conducted to acquire comprehensive insights into various facets of the current study's problem. The search terms employed included caregiver burden, social support, family well-being and the relationship between caregiver burden, social support and family well-being.

The Review is organized under the following headings:

A) Caregiver burden.

B) Social support

C) Family well-being.

D) Relationship between caregiver burden, social support and family well-being.

## A) Caregiver burden.

A hospital based cross-sectional study was conducted by Roby et al. in 2021 in northern Kerala on caregiver burden in chronic mentally ill patients. A consecutive sample of 150 caregivers of both inpatients and outpatients who satisfy the inclusion

criteria, attending psychiatry department were recruited. Burden assessment schedule (BAS) was used to assess the burden. Finding revealed 16 % experienced mild, 57.3 % had moderate and 26.7 % had severe burden.[16]

A descriptive cross-sectional study was conducted by Dhami et al. in 2021 in Nepal on burden of care among caregivers of mentally ill patients. Ninety seven family members were selected consecutively from the psychiatric outpatient department (OPD) and wards of Mental hospital. Zarit burden interview schedule was used to collect the data. The study revealed that 40.2 % had mild burden, 27.8% had moderate burden, 25.8% experienced little or no burden and 6.2% experienced severe burden. The mean score percentage of burden was highest in the area of relationship (44.46%) followed by loss of control over one's life (40.08%) and emotional well-being (39.29%).[19]

A study was conducted by Das et al. in 2020 in Guwahati, on burden and psychological well-being among 100 primary caregivers of schizophrenia. The study adopted a descriptive design and participant were recruited using convenient sampling technique. Data was collected using BAS and psychological general well-being. The mean score of burden was 76 (+8.472) and of psychological well-being was 66 (+12.02). The study showed there was a association of burden with age of primary caregivers at 0.01 level of significance. A negative moderate correlation was found between burden and psychological well-being ($r=-0.497$, $p<0.001$).[20]

A cross-sectional study by El-slamon et al. in Egypt, on coping strategies and burden dimensions of family caregivers for people diagnosed with OCD, recruited 123 participants and their caregivers. Yele brown obsessive compulsive scale (YBOCS), burden scale and coping scale used to collect the data. Fourty percent of caregivers reported a high burden level and those who had severe OCD symptoms had lower

coping level compared to the caregivers of those with less severe symptoms. Urban caregivers were able to better cope than rural caregivers.[21]

An analytical cross-sectional, study was conducted by Acharya et al. in 2019 Bharatpur, Nepal, on caregiver burden of patients with mental disorders. The data collection utilized the Burden Assessment Scheduled (BAS). Findings revealed that out of 204 caregivers, 61.8% experienced a moderate burden level, while 38.2% faced a severe burden level.[22]

A study was done by Suculluoglu-Dikici et al. on disease burden and associated factors in caregivers of patients with OCD in 2019, consisted of 94 patients. Data was collected using YBOCS, BAS and WHO quality of life questionnaire brief form. The study found that the longer duration of treatment was the score of higher YBOCS. Lower score in environmental domain quality of life of the patients were found to increase the BAS scores of the caregivers.[23]

A cross- sectional study was conducted by Agarwal et al. in 2017 at Uttar Pradesh, India on caregiver burden of patients with anxiety disorders among 91 patients with anxiety disorder. The data was collected using BAS. The adjusted burden score was 40.41 which were suggestive of mild burden. It was found that the burden of care was higher in the male, married, spouse, urban, joint families, in the age group 41 to 50 years and the low income group particularly on farmers and laborers. Generalized anxiety disorder was associated with more burden of care in comparison to other anxiety disorders.[24]

A hospital based cross- sectional study was conducted by Roy, et al. at New Delhi India on disability in OCD and its impact on caregiver's burden and quality of life. YBOCS, Zarit burden interview and WHO quality of life questionnaire brief form were

used for study. Fifty adult patients with OCD were recruited along with their caregivers in the study. There was an negative relationship observed between the overall YBOCS score, the global disability score of patients, and the burden experienced by caregivers across all aspects of caregivers' quality of life (QOL). Statistically significant associations were found particularly in the psychological health and social domains. Additionally, caregiver burden exhibited a positive correlation with disability. The impact of both QOL and illness severity had more pronounced negative effects on the caregivers' QOL and burden.[25]

A descriptive study was conducted in Puducherry, India among 46 caregivers in the year 2017. The participants were selected using convenience sampling technique. Data were collected with family burden interview schedule (FBIS) by Pai and Kapur and the coping checklist. The majority of caregivers (52.2%) experienced a moderate level of the burden as rated by the FBIS. Disruption of the family routine activities was found to be the domain with the highest burden score among caregivers. Only marginal differences in burden scores were found across diagnostic groups (schizophrenia, 1.75 ± 0.57 bipolar disorder and depression 1.86 ± 0.74).[26]

A cross- sectional study conducted by Puzhakkal, et al. In 2017 at Kerala, India on caregiver burden and their quality of life. Eighty caregivers selected by using consecutive sampling technique. BAS and WHO quality of life questionnaire brief form were used to collect data. Individual who provide care to schizophrenia patient were found the highest burden and with depressive disorders had the least burden. Burden significantly increased for caregivers who were below poverty line, when they get physical illness during caregiving process, and for primary caregivers. Caregivers burden increased with severity of illness except in depressive disorders. Quality- of- life domains were significantly different among all groups. There was a

significant negative correlation between caregiver burden and QOL in all the all groups.[27]

A descriptive study was done by Navarro Pérez and Marques in 2016 at Valencia, Spain on Family burden, social support and community health in caregivers of people with serious mental disorder (n=107) using Zarit burden interview scale. Study reveled that 73.8% of interviewed people had severe burden, 9.3% mild burden and 16.4% did not show any burden.[28]

A cross- sectional study was done by Walke, et al. in Karnataka on caregiver burden among caregivers (n=320) of mentally ill individuals and their coping mechanisms. Data was gathered through the utilization of the BAS and the Brief cope scale. Among the participants, 40.9% experienced severe burden, while 59.1% reported moderate burden. The areas of physical and mental health, spouse-related challenges, and external support exhibited the highest levels of burden. Analysis of coping styles using the Brief cope scale revealed that the most commonly employed strategies were engaging in religious practices, active coping, and planning.[29]

A descriptive study was done by K. Vijayalakshmi in 2016 in Nepal on depression and associated factors among caregivers of patients with severe mental illness 59 participants were caregiver of schizophrenia and 141 affective disorder patients. Purposive sampling technique was used. Findings revealed that, depression scores were significantly higher in caregivers of female patients, illiterate, with low socio economic status, with rural background and schizophrenia.[30]

A study was conducted by Gupta et al. in 2014 at Jodhpur, India on psychological burden in caregivers of schizophrenic patient. A total of 100 caregivers were selected through purposive sampling. Psychological general well-being index and BAS were

used to collect the data. Approximately 80% of caregivers encountered moderate levels of burden, with increased burden observed in older individuals (r = 0.334) and spouses. Older caregivers, as well as those with lower educational levels, reported lower psychological well-being (r = -0.44), while siblings exhibited higher psychological well-being (p = 0.002). A robust negative correlation of -0.81 was identified between the levels of burden and psychological well-being.[31]

A study was done by Gandhi, et al. at Bangalore, on caregiver burden of clients with depression. Thirty caregivers were selected using convenience sampling technique. Mean was 84.7 ± 9.7 suggesting moderate burden, Highest burden was in the domain of physical & mental health. Less burden in support of patient (53.8), caregivers strategy (51.3), other relations (50.0), spouse related (46.3) and external support (35.8). Mean burden level in female caregivers (17.3) was higher than in male caregivers (15.5) and the difference was significant ($p<0.03$). High burden levels could predispose to depression, substance abuse and anxiety.[32]

A study was done by Grover et al. in 2011 at Chandigarh, on perceived burden and QOL of caregivers in OCD among 50 caregivers. YBOCS, FBIS and WHO QOL brief form were used to collect the data. A significant portion of caregivers, totaling 56%, experienced a substantial objective burden. The degree of illness severity was found to be positively associated with the level of burden and had a negative impact on the QOL for caregivers. Increased financial strain, a perceived decline in mental health, and elevated subjective burden were identified as factors predicting lower levels of physical well-being, general health, and both general and psychological aspects of QOL, respectively.[33]

**B) Social support**

In 2023, Ranjan et al. conducted a cross-sectional study in Chhattisgarh, examining the perceived social support and self-esteem of caregivers for individuals with schizophrenia compared to a control group. The study employed purposive sampling to select 50 caregivers of schizophrenia patients and 50 individuals from the normal control group. The results indicated a noteworthy disparity in social support and self-esteem between the two groups. Furthermore, a substantial positive correlation was identified between social support and self-esteem among caregivers of patients with schizophrenia.[34]

A study was done by Dan, et al. in Karnataka, on social support among adult with depressive disorders during COVID- 19 pandemic (n=75). Purposive sampling technique was used to select patients. The majority of the respondents experienced moderate depression (n = 42), followed by mild depression (n = 14) and severe depression (n = 5). Social support and resilience were found to have moderate correlation with each other for persons with mild depression (r = 0.620; p = 0.018).[35]

A descriptive correlational study was conducted by Abdelaal, et al. in Egypt on resilience and perceived social support among caregivers of patients with schizophrenia. About 200 family caregivers were selected for study. Connor Davidson resilience scale and multidimensional scale of perceived social support were used. Findings revealed that 76% had low level of resilience and 82.5% perceived moderate level of social support. A statistically significant positive relationship was found between resilience and perceived social support.[36]

A descriptive study was done by Saini et al, in 2020 at Chandigarh, on perceived social support (PSS) among hospitalized elderly patients. A total of 201 elderly

patients were selected using purposive sampling technique. Multidimensional scale of perceived social support was used. Findings revealed 20.4% participants had medium perceived social support (PSS) and 79.6% participants had high PSS.[37]

A mixed method explanatory study was done by Amini, et al. in Iran on perceived social support among family members of patients (n= 200) with chronic mental disorders. Participants were selected through convenient sampling. The perceived social support was at a moderate level. The results of the qualitative and quantitative sections emphasized the needs of the patient's family members (who acted as caregivers for patients) in family, social, and emotional areas.[38]

A hospital based cross sectional comparative study was conducted by Khan, et al. in Ranchi, on social support of male and female care givers of individuals suffering from schizophrenia (n=60). Purposive sampling technique was used. The study revealed that the social support was almost equal in male and female caregivers.[39] However a similar cross-sectional study by Singh, et al. in Jharkhand, revealed that male caregivers perceived more social support and less burden of care.[40]

A descriptive study was conducted by Raj, et al. in Karnataka, on burden, psychological distress and perceived social support among 32 caregivers of schizophrenia. BAS and multidimensional scale of perceived social support were used for data collection. Findings revealed that burden on well-being, marital burden, burden on relations, and burden due to perceived severity were the predictors of subjective burden. Burden on well-being and respondent's age were predictors of psychological distress.[41]

A study was done by Wang et al. in Shanghai on family functioning, social support, and quality of life for patients with anxiety disorder. Finding revealed poor family

functioning and quality of life, as well as a higher subjective perception of social support. There were strong correlations between family functioning, social support and QOL.[42]

A study was done by Pokharel, et al. in Nepal on perceived social support among 90 mentally ill patients, selected using purposive sampling technique. Data was collected using multidimensional scale of PSS. Majority (60%) of the patients PSS from family and 28% from significant others. PSS was influenced by employment status, type of family one lives in and the physical illness, did not have an influence gender, subjective financial status and frequency of hospitalization.[43]

Karim et al. conducted a comparative study in Assam, examining the care burden and social support among caregivers of individuals with schizophrenia and epilepsy. Using purposive sampling, 30 caregivers for schizophrenia and 30 caregivers for epilepsy were chosen. The caregivers in both groups did not show a significant difference across all domains of the Burden Assessment Schedule (BAS) and perceived social support. The domains of physical and mental health, as well as caregivers' strategy in the BAS, demonstrated a significant negative correlation at the 0.05 level with perceived social support. Additionally, the domains of external support, support from the patient, taking responsibility, and other relationships in the BAS exhibited a significant negative correlation with perceived social support at the 0.01 level of significance.[44]

**C) Family wellbeing**

In 2021, a descriptive study conducted by Nalini and colleagues in Chennai, India, focused on examining the family well-being of caregivers for individuals with mental illness. The researchers employed a convenience sampling method to select 30 participants. The results indicated that 23% of the caregivers experienced a low level of

family well-being, 73% had a moderate level, and 4% demonstrated a high level of family well-being.[45]

**D) Relationship between caregiver burden, social support and family well-being.**

A descriptive co-relational study was done by Sharma, in Indore, on burden, social support and family well-being among caregivers of mentally ill patients (n=50). Purposive sampling technique was used. The maximum number of caregivers had moderate burden (60%), low social support (82%) and high level of family well-being (48%). About 36% had mild burden, 16% had moderate social support and 46% perceived moderate level of family well-being. Caregiver burden had negative correlation with social support($r=-0.344$, $P < 0.005$) and family well-being ($r= -0.404$, $P < 0.005$) while there was positive correlation between social support and family well-being ($r=0.447$, $P < 0.005$).[46]

A descriptive study was conducted by Nirmala, et al. in 2011 at Hyderabad, on burden, social support, and family well-being among 60 caregivers of mentally ill. Participants were selected through convenient sampling technique . Findings revealed that 92 percent of caregivers had moderate burden, five percent had severe burden and three percent had mild burden. Regarding the social support 25 percent of caregivers had low social support, 42 percent had moderate social support and 33 percent had high social support. In response to family well-being, 25 percent of caregivers had low, 53 percent had moderate and 22 percent had high family well being. An association existed between burden and occupation as well as relationship with caregiver at 0.05 level of significance. Age, gender, education, religion, marital status, family income, family history of psychiatric illness and earlier experience of caring were not associated with burden levels of caregivers of mentally ill patients.[47]

**Summary**

This chapter dealt with literature reviews related to caregiver burden, social support and family well-being and relationship between them.

# CHAPTER III

# MATERIALS AND METHODS

# CHAPTER III

# MATERIALS AND METHODS

Research methodology provides a structured approach to address and resolve research problems systematically. This chapter deals in detail with the methodology selected for the present study. It also describes the design, the setting, sampling technique, and description of the instrument, data collection procedure, and the plan for data analysis.

## Research approach

Research approach is an effective strategy to increase the validity of research. In view of the nature of problem of the study and to accomplish the research objectives, quantitative, approach was considered to be appropriate to achieve the desired objectives of the study.

## Research design

The researcher adopted cross sectional survey design for the present study.

## Research setting

The present study was held at a government tertiary care hospital (AIIMS Bhopal) Madhya Pradesh, India. The hospital is a 1260 bedded referral centre to patients within Madhya Pradesh and central India.

## Population

The target population for the present study were caregivers of CMD patients presenting to the government tertiary care hospital from central India.

The accessible population was caregivers of CMD patients presenting to the inpatient and outpatient departments of the government tertiary care hospital in Bhopal.

**Sample**

The sample in the present study is a dyad of patient and his/her caregiver. The patients diagnosed with CMD were identified by chart review and their caregivers meeting the following criteria were included in the study.

**Sampling Criteria**

Inclusion criteria

a) Age 18 years and above and is one among the close relative of the patient with CMD.

b) Providing care to the patient with CMD for more than 1 month.

c) Available during the period of data collection.

d) Willing to participate in the study.

e) Able to respond in Hindi or English Language.

Exclusion criteria

a) Caregivers who report mental illness.

**Sample size**

Sample size was calculated using the formula. $n= z^2 p*q/d^2 =236$

where,

z = Standard value for 95% confidence interval i.e., 1.96,

p = prevalence of population of common mental disorder, = 0.167.[18]

q = (1 - p) = 0.833

d = desired margin of error, expressed as decimal i.e., 0.05

The estimated sample size (considering non response rate of 10% to some of the items in the questionnaire) was 236.

**Sampling technique:**

In this study, convenient sampling technique was used. The convenient sampling technique is more practical and suitable for the researcher to use the most readily available caregiver of the CMD patients.

**Data Collection tools/Instruments**

Development and description of tool

The most important and crucial aspect of any research is the collection of appropriate information. A tool is an instrument used to gather the actual information desired by the researcher. Based on the objectives of the study the following data collection tools were used.

TOOL: Socio-demographic proforma

Section 1: Socio demographic proforma of patient

It included diagnosis, age, gender of the patients, relationship of caregiver to the patient, history of mental illness in the caregiver, caregiver ability to speak/understand in English or Hindi language, and state in which patient belongs to. This section was used as a screening tool in this study and data was collected from patient records. Following screening, the caregiver was interviewed to collect data on his age, relation with the patient, duration of caring for the patient and perception of mental illness if any. Annexure-1 English and Annexure-2 Hindi version.

Section 2: Socio demographic proforma of caregivers

It includes age (in years), gender, marital status, educational status, religion, residential area, employment status, occupation, family income per month, and attendance in training program on care of person with mental illness. Annexure-1 English and Annexure-2 Hindi version.

Tool 2: Zarit burden interview scale.

Caregiver burden is assessed using a 12 item Zarit burden interview scale.[49]

It's a scale consisting of five points, where the response choices are never (0), rarely (1), sometimes (2), frequently (3), and nearly always (4). Minimum score is 0 and maximum is 48. The total score obtained were classified as: no to mild burden (0-10), mild to moderate burden (10-20), and high burden (above 20). Annexure-1 English and Annexure-2 Hindi version.

Tool 3: Multidimensional scale of perceived social support.

Social support was assessed using a 12 item multidimensional scale of perceived social support with response options from very strongly disagree (1) to very strongly agree (7).[50] The sum of 12 items is divided by 12 and the obtained score to be interpreted as: low support (1- 2.9), moderate support (3- 5) and high support (5.1 - 7). Annexure-1 English and Annexure-2 Hindi version.

Tool 4: Family health scale

Family well-being was assessed using a 10 item family health scale developed by Crandall A, et al.[51] It is a five point rating scale with response options such as strongly disagree (1), somewhat disagree (2), neither agree nor disagree (3), somewhat agree (4) and strongly agree (5). Items 6, 9 and 10 were reverse scored. Binary variable is

created as: score 4 or 5 is coded as one and item with score less than 4 are coded as zero. The total score obtained were classified as: poor family health (0-5), moderate family health (6-8) and excellent family health (9-10). Annexure-1 English and Annexure-2 Hindi version.

**Validity and Reliability of the tools**

Validity

Items of structured Demographic proforma were prepared after reviewing relevant literature. Permission was obtained from concern authority for tool validation (Annexure-3). It was sent to nine experts in the field of Psychiatry, Psychology, Community Medicine, Psychiatry Social work. (Annexure-4) Experts were requested to give their opinion and suggestions regarding each item of the tool in terms of highly relevant, quite relevant, somewhat relevant, and not-relevant (Annexure-5). A remark column was provided for each item for experts to give their suggestions (Annexure-6). Suggestions of the experts were incorporated. The socio demographic and family health tool was translated to Hindi and back translation to English was done by bilingual expert (Annexure-7). The Zarit burden interview scale, Multidimensional scale of perceived social support were already available in Hindi Language.

Reliability

Zarit burden interview scale: It is a standardized scale having established reliability of Cronbach's alpha value 0.92 (English version).[52] Multidimensional scale of perceived social support is a standardized tool with already established internal consistency reliability (Cronbach's alpha) of 0.92 (Hindi).[53] In current setting, internal consistency reliability of Hindi version of Zarit burden interview and family health was established on 236 patients and the Cronbach alpha was 0.80 and 0.78 respectively

**Ethical consideration**

Ethical clearance was obtained from Institutional Human Ethical Committee- Student Research, AIIMS Bhopal (Ref No.: IHEC-SR/July/22/ MSc Nursing/26). Permission was obtained from Medical Superintendent (Annexure-8) for conducting the study. Permission for using the tools were obtained from respective authors (Annexure-9). Participant information sheet (Annexure-10 English and Annexure-11 Hindi version) was prepared, explained and given to all participants to make aware about the study. Informed consent was obtained from participants (Annexure-12). Privacy, anonymity and confidentiality of the data were assured. Questionnaire were stored under lock and key with the access to researchers only.

**Pilot Study**

Pilot study was conducted among 25 participants (26/9/23 to 2/10/23) at the tertiary care hospital in Bhopal to assess the feasibility of the study. The study was found feasible. Time taken by caregivers to respond to questionnaires was 25-30 minutes.

**Procedure of data collection**

Chart was reviewed, and CMD patient were identified. Caregivers meeting the inclusion criteria were explained the purpose of the study and informed consent was obtained. Data was collected from the participants from Psychiatry OPD and ward of AIIMS Bhopal from 2/10/23 to 8/11/23. Caregiver was interviewed by investigator in the separate room.

**Plan for data analysis**

The data was entered in the SPSS software version 20 and master sheet was prepared. The data was analyzed using descriptive and inferential statistics on the basis of

objectives of the study. Patient and participant characteristics, caregiver burden, social support and family well-being were described in frequency and percentage. Relationship between caregivers burden, social support and family well-being was assessed using Karl-Pearson correlation coefficient. Chi-square and fisher exact test was used to find association of patient characteristics with caregiver burden, social support and family well-being.

**Summary**

This chapter dealt with the research methodology which comprises of research approach, research design, research setting, and population, sampling technique, development of tool, validity, reliability of the tool, description of tool, pilot study, data collection procedure and plan for data analysis.

# CHAPTER-IV

# RESULT

# CHAPTER-IV

# RESULT

This chapter contains the result of data collected on patients and caregivers of CMD patient. It is one of the important parts of research where data collected is systematically analyzed and interpreted.[54]

The result of the study is presented under the followings headings.

**Section I:** Patient characteristics.

**Section II:** Caregiver characteristics.

**Section III:** Caregiver burden

**Section IV:** Social support

**Section V:** Family well-being

**Section VI:** Relationship between caregiver burden, social support, and family well-being among caregivers of patients with CMD.

**Section VII:** Other findings

**Section I: Patient characteristics.**

**Table 1**

**Frequency and percentage distribution of patient characteristics.**

**n=236**

| S.N. | Characteristic | Category | Frequency (f) | Percentage (%) |
|---|---|---|---|---|
| 1. | Age (in years) | 14 - 19 | 15 | 6.4 |
| | | 20 - 39 | 140 | 59.3 |
| | | 40 - 59 | 67 | 28.4 |
| | | >60 | 14 | 5.9 |
| 2. | Gender | Male | 147 | 62.3 |
| | | Female | 89 | 37.7 |
| 3. | Diagnosis | Depression | 67 | 28.4 |
| | | Anxiety & fear related disorder (AFRD) | 112 | 47.5 |
| | | OCD | 39 | 16.5 |
| | | PTSD | 18 | 7.6 |

The minimum age of the patients with CMD was 14 years and maximum was 82 years, all 236 patients from Madhya Pradesh. Majority of the patients with common mental disorder were male aged 20 to 39 years and had anxiety and fear related disorders (table 1)

**Section II: Caregiver characteristics.**

**Table 2**

**Frequency and percentage distribution of caregiver characteristics.**

**n=236**

| S.N. | Characteristic | Category | Frequency (f) | Percentage (%) |
|---|---|---|---|---|
| 1. | Age (in years) | 20 - 39 | 131 | 55.5 |
| | | 40 - 59 | 91 | 38.6 |
| | | >60 | 14 | 5.9 |
| 2. | Gender | Male | 168 | 71.2 |
| | | Female | 68 | 28.8 |
| 3. | Marital status | Single | 45 | 19.1 |
| | | Married | 188 | 79.7 |
| | | Widowed | 2 | 0.8 |
| | | Separated but not divorced | 1 | 0.4 |
| 4. | Educational status | Post graduation | 32 | 13.6 |
| | | Graduation | 78 | 33.1 |
| | | Diploma | 17 | 7.2 |
| | | Senior secondary | 56 | 23.7 |
| | | Upper primary | 30 | 12.7 |
| | | Primary school | 20 | 8.5 |
| | | Not gone to school (cant read and write) | 1 | 0.4 |
| | | Not gone to school (can read and write) | 2 | 0.8 |
| 5. | Religion | Hindu | 221 | 93.6 |
| | | Muslim | 11 | 4.7 |
| | | Christian | 4 | 1.7 |
| 6. | Residential area | Rural | 118 | 50 |
| | | Urban | 118 | 50 |

| | | | | |
|---|---|---|---|---|
| 7. | Occupation | Professional | 7 | 2.9 |
| | | Semi-professional | 29 | 12.3 |
| | | Clerical, shop owner, farmer | 76 | 32.2 |
| | | Skilled worker | 14 | 5.9 |
| | | Semi-skilled worker | 30 | 12.7 |
| | | Unskilled | 42 | 17.8 |
| | | Not work | 38 | 16.2 |
| 8. | Employment status | Employed | 198 | 83.8 |
| | | Unemployed | 38 | 16.2 |
| 8. | Income (in rupees) | >18229 | 106 | 44.9 |
| | | 9115 - 18229 | 70 | 29.7 |
| | | 6836 - 9114 | 33 | 13.9 |
| | | 4557 - 6835 | 20 | 8.5 |
| | | 2734 - 4556 | 5 | 2.2 |
| | | 921 - 2733 | 2 | 0.8 |
| 9. | Have you attended any training program on care of person with mental illness? | Yes | 5 | 2.1 |
| | | No | 231 | 97.9 |
| 10. | Relationship with patients | Mother | 20 | 8.4 |
| | | Father | 56 | 23.8 |
| | | Son | 41 | 17.4 |
| | | Daughter | 11 | 4.6 |
| | | Spouse | 51 | 21.7 |
| | | Sister/brother | 57 | 24.1 |

Majority of the caregivers (table 2) were aged 20-39 years male, married, hindu, graduate, employed and had an income level of Rs. 18,230 and above. About 97.9% had not attended any training program on care of person with mental illness.

**Section III. Caregiver burden.**

**Table 3**

**Percentage distribution of Zarit burden interview scale items.**

**n=236**

| Items | Never | Rarely | Sometimes | Frequently | Nearly always |
|---|---|---|---|---|---|
| 1) Do you feel that because of the time you spend with your relative that you don't have enough time for yourself? | 8.9 | 27.5 | 37.3 | 26.3 | 0 |
| 2) Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work? | 10.6 | 36.8 | 37.7 | 12.7 | 2.2 |
| 3) Do you feel angry when you are around the relative? | 24.6 | 33.5 | 26.3 | 13.9 | 1.7 |
| 4) Do you feel that your relative currently affects your relationships with other family members or friends in a negative way? | 25 | 33.1 | 30.9 | 10.6 | 0.4 |
| 5) Do you feel strained when you are around your relative? | 7.2 | 38.1 | 33.6 | 18.2 | 2.9 |
| 6) Do you feel that your health has suffered because of your involvement with your relative? | 33.1 | 32.3 | 19.9 | 13.9 | 0.8 |
| 7) Do you feel that you don't have as much privacy as you would like because of your relative? | 14.8 | 36.1 | 32.2 | 15.7 | 1.2 |
| 8) Do you feel that your social life has suffered because you are caring for your relative? | 35.6 | 29.7 | 24.1 | 8.9 | 1.7 |
| 9) Do you feel that you have lost control of your life since your relative's illness? | 33.1 | 33.1 | 21.7 | 9.3 | 2.8 |
| 10) Do you feel uncertain about what to do about your relative? | 20.3 | 33.9 | 27.9 | 16.2 | 1.7 |
| 11) Do you feel you should be doing more for your relative? | 13.6 | 23.7 | 31.8 | 26.7 | 4.2 |
| 12) Do you feel you could do a better job in caring for your relative? | 14.4 | 38.5 | 38.2 | 6.8 | 2.1 |

The item wise percentage distribution of caregiver burden is presented in table 3. About 31% of the caregivers feel to do more care for the patient, about 12% caregivers expressed they lost control of their life frequently or always, and 33.1 % never lost control.

**Table 4**

**Frequency and percentage distribution of the level of caregiver burden.**

**n=236**

| Level of caregiver burden | Frequency (f) | Percentage (%) |
|---|---|---|
| No - mild burden | 37 | 15.7 |
| Mild - moderate burden | 125 | 53 |
| High burden | 74 | 31.3 |

Data presented in table 4 reveals that 84.3% had caregiver burden of whom 31.3% had high burden.

**Section IV: Social support.**

**Table 5**

**Percentage distribution of perceived social support scale items.**

**n=236**

| Items | Very Strongly Disagree | Strongly Disagree | Mildly Disagree | Neutral | Mildly agree | Strongly agree | Very Strongly agree |
|---|---|---|---|---|---|---|---|
| There is a special person who is around when I am in need. | 0 | 8.5 | 21.2 | 12.7 | 34.7 | 18.6 | 4.3 |
| There is a special person with whom I can share joys and sorrows | 1.3 | 11.1 | 21.6 | 7.6 | 33.5 | 19.8 | 5.1 |
| My family really tries to help me. | 1.3 | 10.6 | 19.9 | 10.6 | 25.8 | 22.9 | 8.9 |
| I get the emotional help & support I need from my family. | 1.7 | 8.5 | 16.9 | 9.7 | 23.3 | 31.8 | 8.1 |
| I have a special person who is a real source of comfort to me. | 1.3 | 9.3 | 22.9 | 8.9 | 30.5 | 21.6 | 5.5 |
| My friends really try to help me. | 8.1 | 24.6 | 21.2 | 10.1 | 20.4 | 11.4 | 4.2 |
| I can count on my friends when things go wrong. | 10.1 | 26.3 | 22.4 | 9.8 | 19.1 | 8.9 | 3.4 |
| I can talk about my problems with my family | 11.1 | 21.1 | 22.1 | 8.4 | 17.5 | 15.7 | 4.1 |
| I have friends with whom I can share my joys and sorrows | 8.2 | 17.8 | 20.8 | 6.8 | 27.2 | 16.6 | 2.6 |
| There is a special person in my life who cares about my feelings. | 4.2 | 7.2 | 18.6 | 8.1 | 28.4 | 23.3 | 10.2 |
| My family is willing to help me make decisions | 3.8 | 12.7 | 32.6 | 11.1 | 16.5 | 18.2 | 5.1 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I can talk about my problems with my friends. | 10.6 | 18.6 | 24.6 | 15.2 | 21.3 | 6.8 | 2.9 |

Table 5 reveals that about 58% have a special person who is a real source of comfort and 62% expressed that the special person care about their feelings. About 57% expressed family really tries to help them and 40% of them expressed family was willing to help them make decision.

**Table 6**

**Frequency and percentage distribution of the level of perceived social support.**

**n=236**

| **Level of support** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| Low support | 20 | 8.5 |
| Moderate support | 179 | 75.8 |
| High support | 37 | 15.7 |

Data presented in table 6 reveals that the majority (75.8%) of the caregivers perceived moderate social support.

**Section V: Family well-being.**

**Table 7**

**Percentage distribution of Family health scale items.**

**n=236**

| In my family | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|---|---|---|---|---|---|
| 1. We support each other. | 2.9 | 8.1 | 26.6 | 44.1 | 18.3 |
| 2. I feel safe in my family relationships. | 1.2 | 11.1 | 20.8 | 51.6 | 15.3 |
| 3. We help each other in seeking health care services when needed (such as making doctor's appointments). | 1.7 | 41.6 | 20.7 | 28.4 | 7.6 |
| 4. We help each other make healthy changes. | 3.8 | 24.6 | 28.4 | 33.9 | 9.3 |
| 5. We stay hopeful even in difficult times. | 3.4 | 27.9 | 31.4 | 27.9 | 9.4 |
| 6. We do not trust doctors and other health professionals | 72.1 | 12.3 | 7.1 | 6.4 | 2.1 |
| 7. We have people outside of our family we can turn to when we have problems at work. | 8.1 | 25.4 | 27.1 | 30.9 | 8.5 |
| 8. If we needed financial help, we have people outside of our family we could turn to for a loan | 7.6 | 36.9 | 16.9 | 32.2 | 6.4 |
| 9. My family did not have enough money at the end of the month after bills were paid. | 34.3 | 16.1 | 12.3 | 26.7 | 10.6 |
| 10. My family did not have adequate housing | 86.4 | 7.6 | 3.8 | 2.2 | 0 |

Table 7 informs that the majority (72.1%) of the caregivers strongly disagreed they do not trust doctors and health professionals. Around 39% of the caregivers expressed

that they have people outside of family they turn to when they have problems at work, or need financial help.

**Table 8**

**Frequency and percentage distribution of the level of family health.**

**n=236**

| **Level of family health** | **Frequency (f)** | **Percentage (%)** |
|---|---|---|
| Poor family health | 108 | 45.8 |
| Moderate family health | 114 | 48.3 |
| Excellent family health | 14 | 5.9 |

Data presented in table 8 reveals that 45.8% caregivers perceived poor family health, and 5.9% had excellent family health.

**Section VI: Relationship between caregiver burden, social support, and family well-being among caregivers of patients with CMD.**

**The following null hypothesis was tested at 0.05 level of significance.**

**H01: There is no relationship between caregiver burden, social support and family well-being.**

**Table 9**

**Relationship between caregiver burden, perceived social support, and family health among caregivers of patients with CMD.**

**n = 236**

| | **Caregiver burden** | **Perceived Social support** | **Family health** |
|---|---|---|---|
| Caregiver burden | | r= -.384 (p <.01) | r=-.394 (p< .01) |
| Perceived Social support | r=-.384 (p <.01) | | r=.584 (p< .01) |
| Family health | r=-.394 (p< .01) | r=.584 (p< .01) | |

Table 9 shows that there is negative, moderate, statistically significant relationship of caregiver burden with perceived social support and family health at 0.05 level of significance. Thus the null hypothesis is rejected. It can be inferred that as the caregiver burden increased perceived social support and family health decreased. However, there is positive moderate significant relationship between perceived social support and family health. This informs that, as perceived social support increased, family health improved or vice versa. Thus it is essential to improve social support to decrease caregiver burden and to improve family health.

**Section VII: Other findings**

A. Association of patient characteristics with caregiver burden, perceived social support and family health.

The following null hypotheses were tested at 0.05 level of significance.

H02: There is no association of age of patient with the caregiver burden, perceived social support and family health.

H03: There is no association of gender of patient with the caregiver burden, perceived social support and family health.

H04: There is no association of diagnosis of patient with the caregiver burden, perceived social support and family health.

**Table 10**

**Association of age of patient with caregivers burden, perceived social support and family health.**

**n = 236**

| Age (in years) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **S.N** | **Variables** | **Category** | **14 - 19** | **20 - 39** | **40 - 59** | **>60** | **Fisher-exact test** | **df** | **p value** |
| 1 | Caregiver burden | No - Mild burden | 5 | 16 | 13 | 3 | 9.387 | 6 | .135 |
| | | Mild-Moderate burden | 7 | 79 | 30 | 9 | | | |
| | | High burden | 3 | 45 | 24 | 2 | | | |
| 2 | Social support | Low support | 0 | 13 | 7 | 0 | 3.770 | 6 | .693 |
| | | Moderate support | 13 | 106 | 47 | 13 | | | |
| | | High support | 2 | 21 | 13 | 1 | | | |
| 3 | Family health | Poor family health | 2 | 65 | 36 | 5 | 10.70 | 6 | .074 |
| | | Moderate family health | 12 | 68 | 26 | 8 | | | |
| | | Excellent family health | 1 | 7 | 5 | 1 | | | |

**Table 11**

**Association of gender of patient with caregivers burden, perceived social support and family health.**

**n = 236**

| Gender | | | | | | | |
|---|---|---|---|---|---|---|---|
| **S.N** | **Variables** | **Category** | **Male** | **Female** | **Chi square** | **df** | **p value** |
| 1 | Caregiver burden | No - Mild burden | 24 | 13 | 1.789 | 2 | .409 |
| | | Mild-Moderate burden | 73 | 52 | | | |
| | | High burden | 50 | 24 | | | |
| 2 | Social support | Low support | 12 | 8 | .057 | 2 | .975 |
| | | Moderate support | 112 | 67 | | | |
| | | High support | 23 | 14 | | | |
| 3 | Family health | Poor family health | 72 | 36 | 5.128 | 2 | .077 |
| | | Moderate family health | 70 | 44 | | | |
| | | Excellent family health | 5 | 9 | | | |

**Table 12**

**Association of diagnosis of patient with caregivers burden, perceived social support and family health.**

**n = 236**

| Diagnosis | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **S.N** | **Variables** | **Category** | **Depression** | **AFRD** | **OCD** | **PTSD** | **Fisher Exact test** | **df** | **p value** |
| 1 | Caregiver burden | No - Mild burden | 5 | 24 | 5 | 3 | 8.438 | 6 | .200 |
| | | Mild-Moderate burden | 35 | 58 | 23 | 6 | | | |
| | | High burden | 27 | 30 | 11 | 9 | | | |
| 2 | Social support | Low support | 6 | 8 | 3 | 3 | 2.325 | 6 | .901 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Moderate support<br>High support | 51<br>10 | 86<br>18 | 30<br>6 | 12<br>3 | | | |
| 3 | Family health | Poor family health<br>Moderate family health<br>Excellent family health | 32<br>32<br>3 | 48<br>57<br>7 | 18<br>18<br>3 | 10<br>7<br>1 | 1.906 | 6 | .942 |

Table 10, 11, 12, reveal that there is no association of age, gender and diagnosis of patient with caregiver burden, social support and family well-being. Thus null hypothesis are accepted.

**Summary:** This chapter dealt with majority 53% had mild to moderate caregiver burden, 75.8% had moderate social support, 48.3% had moderate family health. There was a significant relationship between caregivers burden, social support and family health. Social support can reduce caregiver burden and improve family well-being.

# CHAPTER-V

# DISCUSSION

# CHAPTER-V

# DISCUSSION

This chapter presents the major findings of the study and reviews them in the context of available evidence on CMD.

**Major findings of the study:**

The present study showed that the majority of the patients with CMD belonged to the age group of 20 to 39 years, were male and had anxiety and fear related disorders.

The majority of caregivers were aged 20-39 years (55.5%), male (71.2%), employed (83.8%), and had an income level of Rs. 18230 and above (44.9%). About 97.9% caregivers had not attended any training program on care of person with mental illness.

Majority of the caregivers had mild to moderate caregiver burden (53%), moderate social support (75.8%) and moderate family well-being (48.3%). About 31.3% had high caregiver burden and 45.8% caregiver had poor family health.

The relationship between caregiver burden, with social support and family well-being were negative, moderate and statistically significant. The relationship between social support and family well-being was positive, moderate and statistically significant.

**Discussion**

**1. Caregiver burden**

While assessing the caregiver burden of 236 caregivers of CMD patients in the present study, 125 (53%) participants had mild to moderate burden, 74 (31.4%) had high burden and 37 (15.7%) participants had no to mild burden.

Similar findings were reported by Roby et al[16] in Kerala where 57.3% had moderate caregiver burden and 26.7% had severe burden. A similar study in Imphal also reported 52.2% had moderate burden, 6% had severe burden and 41.8% had mild burden.[55]

This implies that caregiver burden is a concern in common mental disorders as well as chronic mental illness. Further, the caregiver burden was moderate for caregiver of patient with depression or anxiety in this study. About 40.3% of caregiver of patient with depression were found with high burden and 26.8% of caregivers of patient with anxiety disorder had high burden. This implies that caregiver burden is higher among caregivers of patient with depression as compared to the patient with anxiety and fear related disorder. The findings were similar and the observation made by Mosaku et al and Agarwal.[56, 24]

**2. Social support**

In the present study, 20 (8.5%) caregiver had low social support, 179 (75.8%) had moderate social support and 37 (15.7%) had high social support. A study conducted by Mohammed M, et al in the year 2018 in Egypt, found that approximately 50% had moderate social support, and one third of study participants were low social support.[36] It inform that social support to caregivers is comparatively better in India.

In the present study conducted on 236 caregivers with total 28.4% of caregivers look after depression patients and 47.5% look after anxiety and fear related disorder patients. About 52% of caregiver of patients with depression, anxiety and fear related disorders perceived moderate social support. Similar observation were found by Wang et al in Shanghai.[42]

**Family health**

In the present study, 108 (45.8%) caregiver had poor family health, 114 (48.3%) had moderate family health and 14 (5.9%) participants had excellent family health.

These findings are akin to study conducted by Nalini, et al, in Chennai and Nirmala in Hyderabad in which the majority of caregiver had moderate family well-being but 23-25% had low family well-being. The findings in this study inform that family health is poor among caregivers in central India compared to the south and family health require sustained attention by health care providers in central India.

**Relationship between caregiver burden, social support and family well-being:**

In the present study, there is negative moderate correlation between caregiver burden and social support as well as family well-being. There is positive moderate correlation between perceived social support and family well-being scores ($r = .584$) and this relationship is significant at $p<0.05$. The findings are similar to a study by Sharma and Nirmala.[46,47]

Within a months duration, availability of 236 patients with CMD in the tertiary care hospital reveal that clinical services are made use by the population of Madhya Pradesh.

This informs that family members care for there close one with mental disorder. It also implies that myths related to mental disorder are shortly changing in Central India and people are realizing that mental disorders are treatable. However, family well-being should be given due importance and training of caregivers require a focus.

**Limitations of the study**

The findings of the study is limited to opinion and perception of caregivers presenting mostly to the out patient department of a health care centre at Bhopal, majority of male caring for male patients with CMD. The findings of the study should be interpreted in the context of likely social desirability bias from the use of likert scale

**Implications of the study**

**Nursing Practice**

The findings reveal that caregivers of patients with CMD experience caregiver burden and about one half of the participants have poor family well-being. Nurses in practice must provide social support and train caregivers of patients with CMD so that entire family feels capable to care for needs of every member of the family irrespective of mental disorder. Nursing interventions to promote caregivers health and well-being may be planned and implemented at both inpatient and outpatient facilities in hospital. Counseling and guidance of caregiver should be considered along with patient care. Training programs may be planned for both CMD patients and their caregivers, so that understanding and care is ensured in the family.

**Conclusion**

Caregiver burden is associated with social support and family well-being. This study among caregivers of CMD patients showed moderate caregiver burden, social support, and family well-being. There is a considerable need to enhance social support and family well-being of patient with CMD.

**Recommendations**

- An exploratory study using a mixed method design may be undertaken. The caregiver burden may be assessed through qualitative approaches to supplement data collected using standardized tool.
- A similar study can be conducted on caregiver burden, social support and family well-being of patients with CMD and non CMD, in Central India.
- Intervention can be planned to improve family well-being and its effectiveness can be assessed.

**Summary**

This chapter stated the major findings and discussed them in light of the available literature. Limitations, implications, recommendations and conclusion were stated. Caregiver burden, poor family well-being are prevalent in Madhya Pradesh as in other parts of India.

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**ANNEEXURES**

## ANNEXURE 1

## DATA COLLECTION TOOL

Code No. ……..

Place of screening: OPD [ ] Ward [ ]

Date of assessment ……

### Socio demographic proforma

**Section 1: Socio demographic proforma of patient**

**Instruction**: The following details are to be filled by investigator by encircling the appropriate response or providing details after chart review or interview

1. Diagnosis of patient (from case file encircle the relevant option)- depression, anxiety or fear-related disorders (including Generalized Anxiety Disorder, Panic disorder, Phobia, Social anxiety disorder, Separation anxiety disorder) Obsessive-Compulsive Disorder and Post-traumatic stress disorder.

2. Age of the patient (in years) ----------

3. Gender of the patient [ ] Male [ ] Female

4. Does the caregiver able to verbally respond? [yes/no]

**Instruction: if response is yes, proceed to interview the caregiver with following question.**

5. What is your age? <18 year [ ], >18 year [ ]

6. Relationship with the patient

A. Mother [ ]

B. Father [ ]

C. Son [ ]

D. Daughter [ ]

E. Spouse [ ]

F. Sister/brother [ ]

7. Do you have any known mental illness? [Yes/No]

8. Since when the caregiver is taking caring the patient? <1 month [ ], >1 month [ ] specify if >1 month ----------

9. Can the caregiver speak/understand English/Hindi language? [Yes/No]

**SELECTED FOR THE STUDY** - [ ] YES [ ] NO

ADDRESS:
State (domicile)---------- District ----------

**Section 2: Socio demographic proforma of caregiver**

**Instruction:** Please be frank in your response related to your personal data. Kindly tick the answer applicable to you by this sign ( ) in the space provided or fill the details

| | |
|---|---|
| 1.Age in years: | …..…… |
| 2. Gender | A. Male<br>B. Female<br>C. Any other (specify) ---------- |
| 3.Marital status | A. Single<br>B. Married<br>C. Widowed<br>D. Divorced<br>E. Separated but not divorced |
| 4. Educational status | A. Post graduation<br>B. Graduation<br>C. Diploma<br>D. Senior secondary (9-11)<br>E. Upper primary (6-8)<br>F. Primary school (1-5)<br>G. Not gone to school (cant read and write)<br>I. Not gone to school (can read and write) |
| 5. Religion | A. Hindu<br>B. Muslim<br>C. Christian<br>D. Any other (specify) ---------- |
| 6. Residential area | A. Rural<br>B. Urban |
| 7. Employment status | A. Employed<br>B. Unemployed |
| 8. Occupation | ---------- |
| 9. Family Income per month (in rupees) | ……….. |
| 10. Have you attended any training | A. Yes |

| | |
|---|---|
| program on care of person with mental illness ? | B. No<br>If yes, specify source…… |

**Tool 2: Zarit burden interview scale**

**Instructions to the subjects:** Please listen to the questions carefully and answer. Kindly give the answers as 'nearly always,' 'frequently' 'sometimes,' 'rarely' and 'never.

| | Never 0 | Rarely 1 | Sometimes 2 | Frequently 3 | Nearly always 4 |
|---|---|---|---|---|---|
| 1) Do you feel that because of the time you spend with your relative that you don't have enough time for yourself? | | | | | |
| 2) Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work? | | | | | |
| 3) Do you feel angry when you are around the relative? | | | | | |
| 4) Do you feel that your relative currently affects your relationships with other family members or friends in a negative way? | | | | | |
| 5) Do you feel strained when you are around your relative? | | | | | |
| 6) Do you feel that your health has suffered because of your involvement with your relative? | | | | | |
| 7) Do you feel that you don't have as much privacy as you would like because of your relative? | | | | | |
| 8) Do you feel that your social life has suffered because you are caring for your relative? | | | | | |
| 9) Do you feel that you have lost control of your life since your relative's illness? | | | | | |
| 10) Do you feel uncertain about what to do about your relative? | | | | | |
| 11) Do you feel you should be doing more for your relative? | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 12) Do you feel you could do a better job in caring for your relative? | | | | | | |

**Tool 3: Multidimensional scale for perceived social support**

**Instructions:** We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

| S. N. | CONTENT | Very Strongly Disagree | Strongly Disagree | Mildly Disagree | Neutral | Mildly agree | Strongly agree | Very Strongly agree |
|---|---|---|---|---|---|---|---|---|
| 1 | There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | There is a special person with whom I can share joys and sorrows | | | | | | | |
| 3 | My family really tries to help me. | | | | | | | |
| 4 | I get the emotional help & support I need from my family. | | | | | | | |
| 5 | I have a special person who is a real source of comfort to me. | | | | | | | |
| 6 | My friends really try to help me. | | | | | | | |
| 7 | I can count on my friends when things go wrong. | | | | | | | |
| 8 | I can talk about my problems with my family | | | | | | | |
| 9 | I have friends with whom I can share my joys and sorrows | | | | | | | |
| 10 | There is a special person in my life who cares about my feelings. | | | | | | | |
| 11 | My family is willing to help me make decisions | | | | | | | |
| 12 | I can talk about my problems with my friends. | | | | | | | |

**Tool 4: Family health scale-(short form)**

**Instructions to the subjects:** Please indicate how much you agree or disagree that the statements below describe your family. Answer these questions based on who you consider to be your family.

| | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Some what agree (4) | Strongly agree (5) |
|---|---|---|---|---|---|
| 1. We support each other. | | | | | |
| 2. I feel safe in my family relationships. | | | | | |
| 3. We help each other in seeking health care services when needed (such as making doctor's appointments). | | | | | |
| 4. We help each other make healthy changes. | | | | | |
| 5. We stay hopeful even in difficult times. | | | | | |
| 6. We do not trust doctors and other health professionals | | | | | |
| 7. We have people outside of our family we can turn to when we have problems at work. | | | | | |
| 8. If we needed financial help, we have people outside of our family we could turn to for a loan | | | | | |
| 9. My family did not have enough money at the end of the month after bills were paid. | | | | | |
| 10. My family did not have adequate housing | | | | | |

**ANNEXURE 2**

## डेटा संग्रहण के उपकरण

कोड संख्या .....

स्क्रीनिंग का स्थान: ओपीडी [ ], वार्ड [ ]

मूल्यांकन की तारीख .....

**निर्देश: निम्नलिखित विवरण चार्ट समीक्षा या साक्षात्कार के बाद उचित प्रतिक्रिया संलग्न करके अन्वेषक द्वारा भरे जाने हैं**

**खंड 1: रोगी का सामाजिक जनसांख्यिकीय**

1. रोगी का निदान (केस फ़ाइल से संबंधित विकल्प को घेरें) - अवसाद, चिंता या भय से संबंधित विकार (सामान्यीकृत चिंता विकार, आतंक विकार, फोबिया, सामाजिक चिंता विकार, पृथक्करण चिंता विकार सहित) जुनूनी -बाध्यकारी विकार और अभिघातज के बाद का तनाव विकार।

2. रोगी की आयु.....

3. रोगी का लिंग [ ] पुरुष [ ] महिला

4.क्या देखभालकर्ता मौखिक रूप से प्रतिक्रिया देने में सक्षम है? [हां /नहीं]

**निर्देश: यदि प्रतिक्रिया हाँ है, तो निम्नलिखित प्रश्न के साथ देखभालकर्ता से साक्षात्कार के लिए आगे बढ़ें।**

5. तुम्हारी उम्र क्या है? <18 वर्ष [ ], >18 वर्ष [ ]

6. रोगी के साथ संबंध ?

A. माता
B. पिता
C. पुत्र
D. पुत्री
E. जीवनसाथी
F. बहन/भाई

7. क्या आपको कोई ज्ञात मानसिक बीमारी है? [हां /नहीं]

8. देखभाल करने वाला कब से मरीज की देखभाल कर रहा है?. <1 महीना [ ], >1 महीना [ ], (स्पष्ट करें .....

9. क्या देखभालकर्ता अंग्रेजी/हिन्दी भाषा बोल/समझ सकता है ? [हां/नहीं]

**अध्ययन के लिए चयनित - [ ] हाँ [ ] नहीं**

1 .पता:

जिला..... राज्य ( स्थायी निवास ).....

## खंड 2: देखभालकर्ता का सामाजिक जनसांख्यिकीय चर

**निर्देश: कृपया अपने व्यक्तिगत डेटा से संबंधित अपनी प्रतिक्रिया में स्पष्ट रहें। कृपया आपके लिए लागू उत्तर को दिए गए स्थान पर इस चिह्न ( ) के द्वारा चिह्नित करें या विवरण भरें**

1. **आयु वर्षों में** .....

2. **लिंग**
   - A. पुरुष [ ]
   - B. महिला [ ]
   - C. कोई अन्य (निर्दिष्ट करें) .....

3. **वैवाहिक स्थिति**
   - A. अविवाहित [ ]
   - B. विवाहित [ ]
   - C. विधवा [ ]
   - D. तलाकशुदा [ ]
   - E. अलग हो गए लेकिन तलाक नहीं हुआ [ ]

4. **शैक्षिक स्थिति**
   - A. स्नातकोत्तर [ ]
   - B. स्नातक [ ]
   - C. डिप्लोमा [ ]
   - D. सीनियर सेकेंडरी (9-11) [ ]
   - E. उच्च प्राथमिक (6-8) [ ]
   - F. प्राथमिक विद्यालय (1-5) [ ]
   - G. स्कूल नहीं गया (पढ़-लिख नहीं सकता) [ ]
   - H. स्कूल नहीं गया (पढ़-लिख सकता हूं) [ ]

5. **धर्म**
   - A. हिंदू [ ]
   - B. मुस्लिम [ ]
   - C. ईसाई [ ]
   - D. कोई अन्य (निर्दिष्ट करें) .....

6. **आवासीय क्षेत्र**
   - A. ग्रामीण [ ]
   - B. शहरी [ ]

7. **रोजगार की स्थिति**
   - A. नियोजित [ ]
   - B. बेरोजगार [ ]

   यदि नियोजित है तो क्षेत्र निर्दिष्ट करें: .....
   - A. सरकारी [ ]
   - B. निजी [ ]
   - C. कोई अन्य (निर्दिष्ट करें) .....

8. **व्यवसाय**
   A. व्यवसाय का उल्लेख करें .....

9. **पारिवारिक आय स्थिति (निर्दिष्ट करें**) .....

10. **क्या आपने मानसिक बीमारी से पीड़ित व्यक्ति की देखभाल पर किसी प्रशिक्षण कार्यक्रम में भाग लिया है?**
    A. हां [ ]
    B. नहीं [ ]
    C. यदि हां, तो स्रोत बताएं .....

## खंड 3. <u>देखभाल करने वाले परिवार के सदस्य को महसूस होने वाले बोझ के बारे में प्रश्नावली</u>

**<u>निर्देश:</u>** नीचे ऐसे सवालों की सूची दी गई है, जिनसे पता चलता है की कभी कभी किसी दूसरे वायक्ति की देखभाल करते समय लोग कैसा महसूस करते हैं। हर सवाल के बाद, बताएं की आप इस तरह से कितनी बार महसूस करते हैं, कभी नही, बहुत ही कम, कभी कभी, अक्सर ही, या लगभग हमेशा। कोई भी सही या गलत जवाब नहीं है।

| | कभी नहीं | बहुत ही कम | कभी कभी | अक्सर ही | लगभग हमेशा |
|---|---|---|---|---|---|
| 1. क्या आप महसूस करते हैं कि अपने/अपनी रिश्तेदार के साथ आप जो समय बिताते हैं उसके कारण आपके पास अपने लिए प्रयाप्त समय नहीं बचता? | | | | | |
| 2. क्या आप महसूस करते हैं कि अपने/अपनी रिश्तेदार की देखभाल करने और अपने परिवार या कामकाज की दूसरी जिम्मेदारियों को पूरा करने की कोशिश के कारण अपने आप को तनाव में महसूस करते है? | | | | | |
| 3. जब आप अपने/अपनी रिश्तेदार के साथ होते हैं तो क्या आप को गुस्सा आता है? | | | | | |
| 4. क्या आप महसूस करते है कि अपने/अपनी रिश्तेदार के कारण इस समय अपने परिवार के अन्य सदस्यों या दोस्तो के साथ आपके संबंधों पर बुरा असर पड़ रहा है? | | | | | |
| 5. जब आप अपने/अपनी रिश्तेदार के साथ होते हैं तो क्या आप तनाव महसूस करते हैं? | | | | | |
| 6. क्या आप महसूस करते है कि अपने/अपनी रिश्तेदार की देखभाल में लगे होने के कारण आपकी सेहत पर बुरा असर पड़ता है? | | | | | |
| 7. क्या आप महसूस करते है कि अपने/अपनी रिश्तेदार के कारण आपको निजी गतिविधियों के लिए उतना समय नहीं मिल पाता है जितना आप चाहते हैं? | | | | | |
| 8. क्या आप महसूस करते है कि अपने/अपनी रिश्तेदार की देखभाल के कारण आपके सामाजिक जीवन पर बुरा असर पड़ा है? | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 9. क्या आपको लगता है कि जबसे आपका/ आपकी रिश्तेदार बीमार है तब से अपने जीवन पर आपका नियंत्रण नहीं रही गया है? | | | | | | |
| 10. क्या आप इस बात को लेकर अनिश्चित महसूस करते है अपने/अपनी रिश्तेदार के बारे में क्या करे? | | | | | | |
| 11. क्या आप महसूस करते है कि अपने/अपनी रिश्तेदार के लिए आपको और अधिक करना चाहिए? | | | | | | |
| 12. क्या आप महसूस करते हैं कि आप अपने/अपनी रिश्तेदार की देखभाल और बेहतर ढंग से कर सकते हैं? | | | | | | |

**खंड 4. <u>अनुभवी सामाजिक सहायता का बहुआयामी स्केल</u>**

**<u>निर्देश:</u>** आप निम्नलिखित विवरणों के बारे में कैसा महसूस करते हैं, हम इसके बारे में जानने के लिए इच्छुक हैं। प्रत्येक कथन को ध्यानपूर्वक पढे। बताएं की आप प्रत्येक कथन के बारे में कैसा महसूस करते हैं।

| | अत्यंत दृढ़ता से असहमत | दृढ़ता से असहमत | थोड़ा सा असहमत | पक्षपात रहित | थोड़ा सा सहमत | दृढ़ता से सहमत | अत्यंत दृढ़ता से सहमत |
|---|---|---|---|---|---|---|---|
| 1. यहां एक खास व्यक्ति है, जो मेरे आसपास होता है, जब मुझे जरूरत पड़ता/पड़ती है। | | | | | | | |
| 2. यहां एक खास व्यक्ति है, जिसके साथ मैं अपने खुशियां और दुख को साझा कर सकता/सकती हूं। | | | | | | | |
| 3. मेरे परिवार वास्तव में मेरी मदद करने की कोशिश करते है । | | | | | | | |
| 4. मुझे अपने परिवार की भावनात्मक मदद और सहायता की आवश्यकता है । | | | | | | | |
| 5. मेरे पास एक विशेष व्यक्ति है, जो मेरे लिए आराम का एक वास्तविक स्रोत है । | | | | | | | |
| 6. मेरे मित्र वास्तव में मेरी मदद करने की कोशिश करते हैं । | | | | | | | |
| 7. जब कोई बात बिगड़ जाए , तो मैं अपने दोस्तो पर भरोसा कर सकता/सकती हूं । | | | | | | | |
| 8. मेरे पास मित्र हैं मैं अपने परिवार के साथ अपने समस्याओं के बारे में बात कर सकता/सकती हूं । | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9. मेरे पास मित्र हैं, जिसके साथ मैं अपने खुशियां और दुख को साझा कर सकता/सकती हूं। | | | | | | | |
| 10. मेरे जीवन यहां में एक विशेष व्यक्ति है, जो मेरी भावनाओं की परवाह करते है। | | | | | | | |
| 11. मेरे परिवार निर्णय बनाने में मेरी मदद करने के लिए तैयार है। | | | | | | | |
| 12. मैं अपने समस्याओं के बारे में अपने मित्रो से बात कर सकता/ सकती हूं। | | | | | | | |

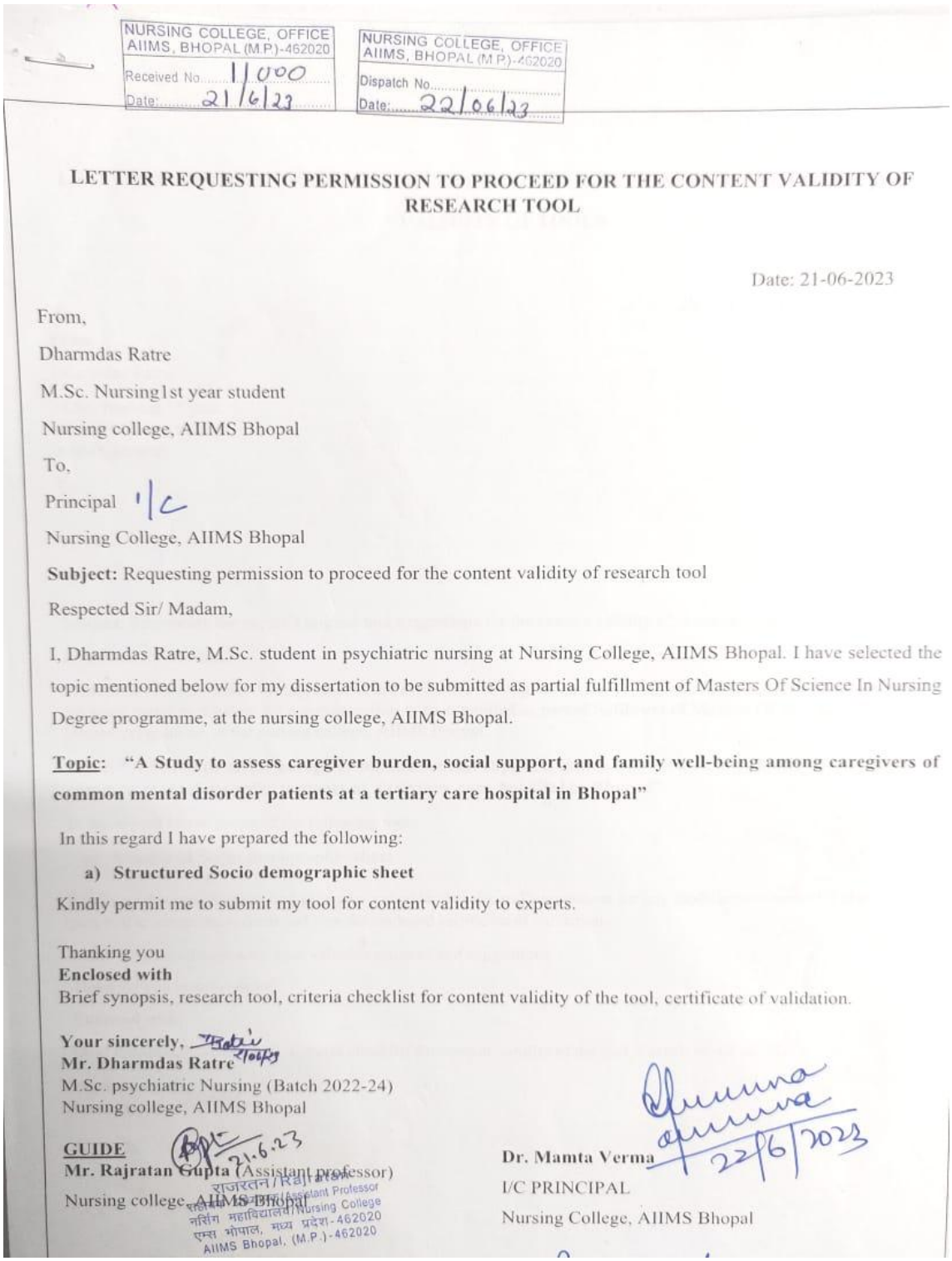
## खंड 5. पारिवारिक स्वास्थ्य पैमाने का आकलन करने के लिए प्रश्नावली-(संक्षिप्त रूप)

**विषयों के लिए निर्देश:** कृपया बताएं कि आप कितना सहमत या असहमत हैं कि नीचे दिए गए कथन आपके परिवार का वर्णन करते हैं। आप किसे अपना परिवार मानते हैं, इसके आधार पर इन प्रश्नों के उत्तर दें।

| | दृढ़ता से असहमत | कुछ हद तक असहमत | न सहमत न असहमत | थोड़ा सहमत | दृढ़ता से सहमत |
|---|---|---|---|---|---|
| 1. हम एक दूसरे की सहायता करते हैं । | | | | | |
| 2. मैं अपने पारिवारिक रिश्तों में सुरक्षित महसूस करता/करती हूं। | | | | | |
| 3. जरूरत पड़ने पर हम स्वास्थ्य देखभाल सेवाएं प्राप्त करने में एक-दूसरे की मदद करते हैं (जैसे कि डॉक्टर की नियुक्ति करना)। | | | | | |
| 4. हम स्वस्थ परिवर्तन लाने में एक-दूसरे की मदद करते हैं। | | | | | |
| 5. हम कठिन समय में भी आशावान रहते हैं। | | | | | |
| 6. हम डॉक्टरों और अन्य स्वास्थ्य पेशेवरों पर भरोसा नहीं करते हैं । | | | | | |
| 7. हमारे परिवार के बाहर भी ऐसे लोग हैं जिनसे हम तब संपर्क कर सकते हैं जब हमें काम में कोई समस्या हो। | | | | | |
| 8. यदि हमें वित्तीय सहायता की आवश्यकता है, तो हमारे पास हमारे परिवार के बाहर भी लोग हैं जिनसे हम ऋण के लिए संपर्क कर सकते हैं । | | | | | |
| 9. बिलों का भुगतान करने के बाद महीने के अंत में मेरे परिवार के पास पर्याप्त पैसे नहीं होते हैं। | | | | | |
| 10. मेरे परिवार के पास पर्याप्त आवास नहीं हैं । | | | | | |

## ANNEXURE 3

## LETTER SEEKING PERMISSION FOR TOOL VALIDATION



NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020
Received No. 11000
Date: 21/6/23

NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020
Dispatch No.
Date: 22/06/23

**LETTER REQUESTING PERMISSION TO PROCEED FOR THE CONTENT VALIDITY OF RESEARCH TOOL**

Date: 21-06-2023

From,

Dharmdas Ratre

M.Sc. Nursing1st year student

Nursing college, AIIMS Bhopal

To,

Principal I/c

Nursing College, AIIMS Bhopal

**Subject:** Requesting permission to proceed for the content validity of research tool

Respected Sir/ Madam,

I, Dharmdas Ratre, M.Sc. student in psychiatric nursing at Nursing College, AIIMS Bhopal. I have selected the topic mentioned below for my dissertation to be submitted as partial fulfillment of Masters Of Science In Nursing Degree programme, at the nursing college, AIIMS Bhopal.

**Topic: "A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal"**

In this regard I have prepared the following:

a) **Structured Socio demographic sheet**

Kindly permit me to submit my tool for content validity to experts.

Thanking you
**Enclosed with**
Brief synopsis, research tool, criteria checklist for content validity of the tool, certificate of validation.

**Your sincerely,**
**Mr. Dharmdas Ratre**
M.Sc. psychiatric Nursing (Batch 2022-24)
Nursing college, AIIMS Bhopal

**GUIDE**
**Mr. Rajratan Gupta** (Assistant professor)
Nursing college, AIIMS Bhopal

21.6.23
राजरतन / Rajratan
Assistant Professor
नर्सिंग महाविद्यालय / Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS Bhopal, (M.P.)-462020

**Dr. Mamta Verma**
I/C PRINCIPAL
Nursing College, AIIMS Bhopal

22/6/2023

## ANNEXURE 4

## LIST OF EXPERTS FOR CONTENT VALIDATION OF THE TOOL

| S.N. | NAME OF EXPERTS | INSTITUTION | DESIGNATION |
|---|---|---|---|
| 1 | Mr. Nanda kumar Paniyadi | AIIMS Bhubaneswar | Assistant Professor |
| 2 | Dr. Rajesh kumar | AIIMS Rishikesh | Associate Professor |
| 3 | Dr. Binu Mathew | AIIMS Raipur | Prof. Cum Principal |
| 4 | Dr. Deepti Dabar | AIIMS Bhopal | Associate Professor |
| 5 | Dr. Ashish Pakhare | AIIMS Bhopal | Assistant Professor |
| 6 | Dr. Snehil Gupta | AIIMS Bhopal | Assistant Professor |
| 7 | Mr. Mohit Kumar | AIIMS Bhopal | Clinical Psychologist |
| 8 | Dr. Vinit kumar Singh | AIIMS Bhopal | Psychiatric Social worker |
| 9 | Dr. R. Sreevani | Dharwad institute of mental health and neurosciences | Prof. And HOD department of psychiatry |

## ANNEXURE 5

## CRITERIA CHECKLIST FOR THE VALIDATION OF THE TOOL

Dear, experts

This study consists of structured sociodemographic proforma and standardized questionnaires to assess burden, social support and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal. Sociodemographic proforma contains of 2 parts, which require validation.

Section A: Socio demographic proforma of patient.

Section B: Socio demographic proforma of caregiver.

**SOCIO DEMOGRAPHIC PROFORMA OF PATIENT**

It consists of total 9 items, to assess the socio demographic data of patient. We need your expert judgement on degree of relevancyof each item to the measured domains. If there is any suggestions and modification, please mention in the remark column. Your expert opinion and kind cooperation will be highly appreciated.

| Item no. | Highly relevant 4 | Quite Relevant 3 | Somewhat relevant 2 | Not relevant 1 | Remarks |
|---|---|---|---|---|---|
| Item no. 1 | | | | | |
| Item no. 2 | | | | | |
| Item no. 3 | | | | | |
| Item no. 4 | | | | | |
| Item no. 5 | | | | | |
| Item no. 6 | | | | | |
| Item no. 7 | | | | | |
| Item no. 8 | | | | | |
| Item no. 9 | | | | | |

Suggestions, if any:

**SOCIO DEMOGRAPHIC PRPFORMA OF CAREGIVER**

It consists of total 10 items, to assess the Socio demographic proforma of the caregiver. We need your expert judgement on degree of relevancy of each item to the measured domains. If there is any suggestions and modification, please mention in the remark column. Your expert opinion and kind cooperation will be highly appreciated.

| Item no. | Highly relevant 4 | Quite Relevant 3 | Somewhat relevant 2 | Not relevant 1 | Remarks |
|---|---|---|---|---|---|
| Item no. 1 | | | | | |
| Item no. 2 | | | | | |
| Item no. 3 | | | | | |
| Item no. 4 | | | | | |
| Item no. 5 | | | | | |
| Item no. 6 | | | | | |
| Item no. 7 | | | | | |
| Item no. 8 | | | | | |
| Item no. 9 | | | | | |
| Item no. 10 | | | | | |

Suggestions, if any:

## ANNEXURE 6

## CERTIFICATE OF VALIDATION FOR TOOL

This is to certify that the tool constructed by Dharmdas Ratre, M.Sc. Nursing (2022 batch) student, Nursing College, AIIMS Bhopal, to be used in the study titled "A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal" has been validated by me and is found to be valid/ not valid.

Overall remark:

Signature:

Name of the expert:

Designation:

Name of the institution:

Official seal:

Date:

Place:

## ANNEXURE 7

## LANGUAGE VALIDATION CERTIFICATE

### Hindi Validation Certificate

This is to certify that Dharmdas Ratre M.Sc. Nursing student of Nursing College, AIIMS Bhopal conducting Research on the topic **"A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal"**

This tools for data collection is translated from English language to Hindi language by me.

The Hindi tool is valid to collect the data for Research.

19/09/2023

.....डॉ. अर्पणा बादल.....

Seal & Signature

सहायक प्राध्यापक, हिन्दी
सरोजनी नायडू शासकीय कन्या
स्नातकोत्तर (स्वशासी) महाविद्यालय
भोपाल (म.प्र.)

Name of the expert: डॉ० अर्पणा बादल

Qualification: पी-एच.डी.

Designation: सहायक प्राध्यापक, हिन्दी

Name of the institute: सरोजनी नायडू शासकीय कन्या स्नातकोत्तर स्वशासी महाविद्यालय, भोपाल (म.प्र.)

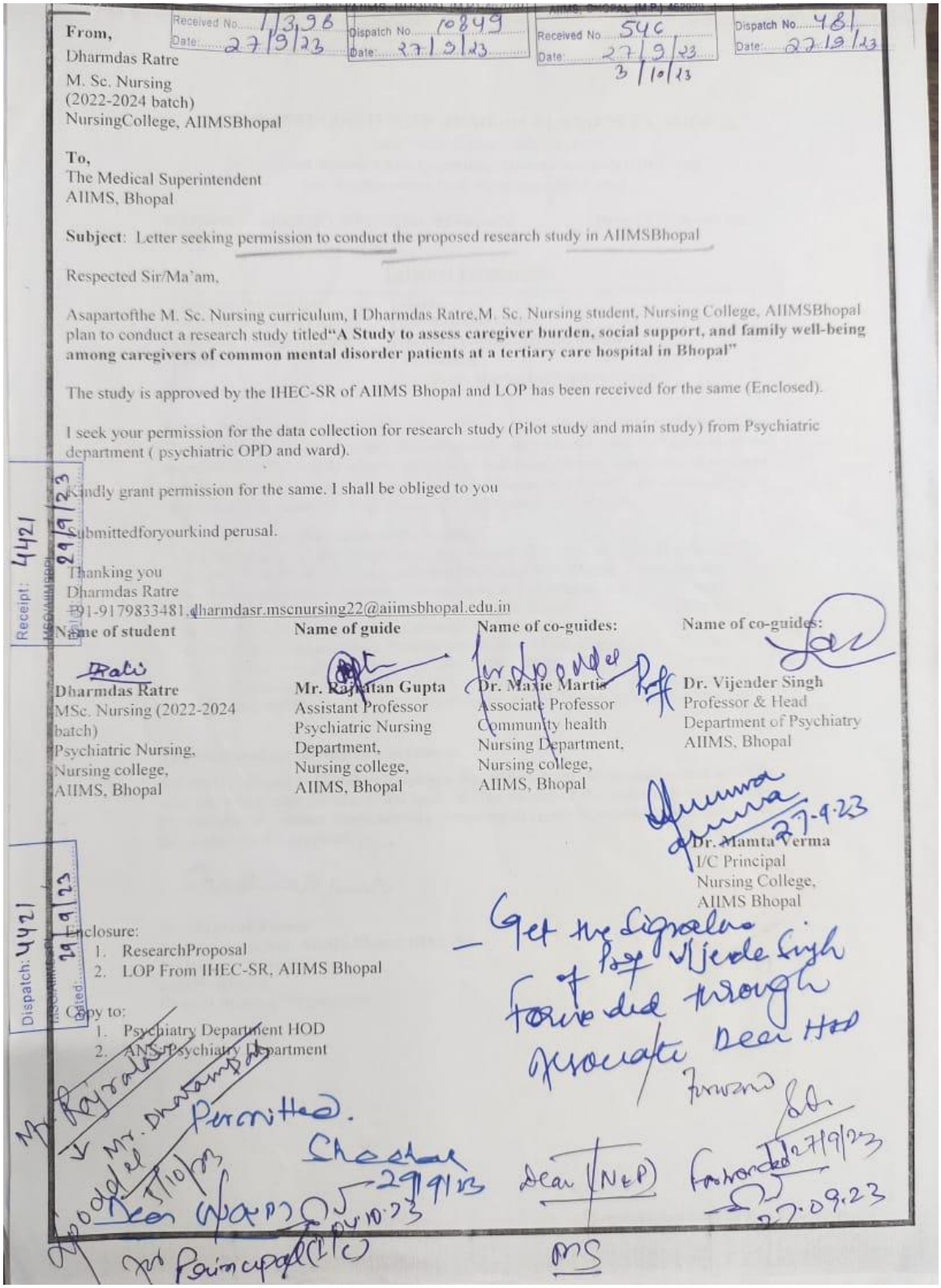
Date: 19/09/2023

Place: भोपाल

डॉ. अर्पणा बादल
सहायक प्राध्यापक, हिन्दी
सरोजनी नायडू शासकीय कन्या
स्नातकोत्तर (स्वशासी) महाविद्यालय
भोपाल (म.प्र.)

## ANNEXURE 8

## LETTER SEEKING PERMISSION TO CONDUCT THE SYUDY



Received No. 1396 Date: 27/9/23 Dispatch No. 10849 Date: 27/9/23
Received No. 546 Date: 27/9/23 3/10/23 Dispatch No. 481 Date: 27/9/23

**From,**
Dharmdas Ratre
M. Sc. Nursing
(2022-2024 batch)
NursingCollege, AIIMSBhopal

**To,**
The Medical Superintendent
AIIMS, Bhopal

**Subject**: Letter seeking permission to conduct the proposed research study in AIIMSBhopal

Respected Sir/Ma'am,

Asapartofthe M. Sc. Nursing curriculum, I Dharmdas Ratre,M. Sc. Nursing student, Nursing College, AIIMSBhopal plan to conduct a research study titled**"A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal"**

The study is approved by the IHEC-SR of AIIMS Bhopal and LOP has been received for the same (Enclosed).

I seek your permission for the data collection for research study (Pilot study and main study) from Psychiatric department ( psychiatric OPD and ward).

Kindly grant permission for the same. I shall be obliged to you

Submittedforyourkind perusal.

Thanking you
Dharmdas Ratre
+91-9179833481, dharmdasr.mscnursing22@aiimsbhopal.edu.in

Receipt: 4421 29/9/23

| Name of student | Name of guide | Name of co-guides: | Name of co-guides: |
|---|---|---|---|
| **Dharmdas Ratre**<br>MSc. Nursing (2022-2024 batch)<br>Psychiatric Nursing,<br>Nursing college,<br>AIIMS, Bhopal | **Mr. Rajaram Gupta**<br>Assistant Professor<br>Psychiatric Nursing Department,<br>Nursing college,<br>AIIMS, Bhopal | **Dr. Maxie Martis**<br>Associate Professor<br>Community health Nursing Department,<br>Nursing college,<br>AIIMS, Bhopal | **Dr. Vijender Singh**<br>Professor & Head<br>Department of Psychiatry<br>AIIMS, Bhopal |

27-9-23
**Dr. Mamta Verma**
I/C Principal
Nursing College,
AIIMS Bhopal

Dispatch: 4421 29/9/23

Enclosure:
1. ResearchProposal
2. LOP From IHEC-SR, AIIMS Bhopal

Copy to:
1. Psychiatry Department HOD
2. ANS-Psychiatry Department

Get the Signature of Prof Vijender Singh forwarded through Associate Dean HOD

Mr. Rajaram Gupta Mr. Dharmdas Ratre Permitted. Forwarded 3/10/23 Chauhan 29/9/23 Dean (N&P) Forwarded 27/9/23 27.09.23 for Principal(I/C) MS

# ANNEXURE 9

# PERMISSION FOR USING TOOL IN STUDY

**Regarding zarit burden interview scale Hindi reliability**
2 messages

**Virat Ratre** <viratratre987@gmail.com> Mon, Sep 25, 2023 at 20:37
To: z67@psu.edu

Respected
Sir/Mam
I am mr. dharmdas ratre students of m.sc. nursing at AIIMS bhopal, Madhya Pradesh, India. Sir I am doing a study in psychiatry as my course requirement which is self funded. The title of my study is assess burden, social support, and family well-being among caregiver of mentally ill patients. For which I need Indian/Hindi version of Zarit burden interview scale and instructional module, reliability and validity
I downloaded the Hindi version of tool from eprovide.mapi-trust.org but not found the validity reliability of Hindi version for india. Sir can you please send me the validity reliability of the tool
Sir Please consider my request and reply me as soon as possible
Thank you
Dharmdas ratre
Msc. Nursing
AIIMS Bhopal
Madhya Pradesh

**Zarit, Steven Howard** <z67@psu.edu> Tue, Sep 26, 2023 at 04:44
To: Virat Ratre <viratratre987@gmail.com>

Dear Drhardas Ratre,

Thank you for your interest in the Zarit Burden Interview. I am not aware of studies that have tested the reliability and validity of Hindi version of the ZBI. The Hindi version has been used in many studies, but I have not received results of those studies. Reliability and validity has been good in the languages where testing has been conducted. In case you didn't see it, the reliability and validity of the English language version should be available on the Mapi Trust webpage.

I wish you success with you research.

Steve Zarit

Steven H. Zarit, Ph.D.
Distinguished Professor Emeritus
Dept. of Human Development & Family Studies
Penn State University

---

**From:** Virat Ratre <viratratre987@gmail.com>
**Sent:** Monday, September 25, 2023 11:07 AM
**To:** Zarit, Steven Howard <z67@psu.edu>
**Subject:** Regarding zarit burden interview scale Hindi reliability

## Permission Regarding used scales in Multidimensional scale of perceived social support

2 messages

**Virat Ratre** <viratratre987@gmail.com> Thu, Jan 12, 2023 at 00:14
To: juancarlos.briede@usm.cl

Respected
Sir/Mam
I am mr. dharmdas ratre students of m.sc. nursing at AIIMS bhopal, Madhya Pradesh, India. Sir I am doing a study in psychiatry as my course requirement which is self funded. The title of my study is assess burden, social support, and family well-being among caregiver of mentally ill patients. For which I need Indian version or English standardized tool developed by you on multidimensional scale of perceived social support and instructional module.
Sir please grant me permission to use your tool multidimensional scale of perceived social support scale in my dissertation. Please consider my request and reply me as soon as possible
Thank you

**Juan Carlos Briede** <Juancarlos.Briede@usm.cl> Tue, Jan 17, 2023 at 18:42
To: Virat Ratre <viratratre987@gmail.com>

Dear Virat Ratre, thank you very much for your mail and interest in using the scale. Of course you can use it, as long as you reference it properly.

Good luck with the study!

All the best,
Juan Carlos Briede W.

---

**De:** Virat Ratre <viratratre987@gmail.com>
**Enviado:** miércoles, 11 de enero de 2023 15:44
**Para:** Juan Carlos Briede <Juancarlos.Briede@usm.cl>
**Asunto:** Permission Regarding used scales in Multidimensional scale of perceived social support

ADVERTENCIA: Este correo electrónico proviene desde fuera de la Universidad. No haga click en los enlaces ni abra los archivos adjuntos a menos que conozca al remitente y sepa que el contenido es seguro.

[Quoted text hidden]

## Permission regarding use to family health scale

2 messages

**DHARMDAS RATRE** <dharmdasr.mscnursing22@aiimsbhopal.edu.in> Tue, Jul 18, 2023 at 09:46
To: ali_crandall@byu.edu

Respected
Sir/Mam
I am mr. dharmdas ratre students of m.sc. nursing at AIIMS bhopal, Madhya Pradesh, India. I am doing a study in psychiatry as my course requirement which is self funded. The title of my study is assess burden, social support, and family well-being among caregiver of mentally ill patients. For which I need standardized tool developed by you on family health scale and instructional module, scoring criteria, reliability and validity
please grant me permission to use your tool family health scale in my dissertation. Please consider my request and reply me as soon as possible
Thank you
Dharmdas ratre
Msc. Nursing
AIIMS Bhopal
Madhya Pradesh

**Ali Crandall** <ali_crandall@byu.edu> Wed, Jul 19, 2023 at 01:23
To: DHARMDAS RATRE <dharmdasr.mscnursing22@aiimsbhopal.edu.in>

Yes, you may use it. The full scale with information in scoring can be found in supplement 2 of the Frontiers article, which also explains reliability and validity.

Best of luck to you!
Ali

Ali Crandall, PhD, MPH
Associate Professor
Department of Public Health
Brigham Young University
801-422-6163

---

**From:** DHARMDAS RATRE <dharmdasr.mscnursing22@aiimsbhopal.edu.in>
**Sent:** Monday, July 17, 2023 10:16 PM
**To:** Ali Crandall <ali_crandall@byu.edu>
**Subject:** Permission regarding use to family health scale

[Quoted text hidden]

## ANNEXURE 10

## PARTICIPANT INFORMATION SHEET

1. Title of the study: A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal

2. Principal Investigators: Mr. Dharmdas Ratre, M.Sc. in Mental Health (psychiatric) Nursing, Nursing college, AIIMS Bhopal

3. Guide: Mr. Rajratan Gupta, Assistant Professor, Nursing College, AIIMS Bhopal

4. Co-guide:

A. Dr. Maxie Martis, Associate Professor, Nursing College, AIIMS Bhopal

B. Dr. Vijender Singh, Professor & Head, Department of Psychiatry, AIIMS Bhopal

5. Introduction:

Living with and caring for an individual with a psychiatric disorder seems inherently stressful. Relatives of psychiatric patients report a wide range of reactions to their situation. On the whole, family members of psychiatric patients endorse significantly higher level of psychological distress than the general population

Studies have shown that in taking care of the mentally ill, the family caregivers have to face feelings of insecurity, sorrow and worry, potential harm and aggression, stigmatization by relatives and friends, psychiatric emergencies and relapse, dependence, social isolation, and fear of the future. This study has been taken to understand the burden, social support and family well-being among caregivers of mentally ill patients at a tertiary care hospital in Bhopal. The findings of this study will help policy makers/health care professionals to improve family well-being and to reduce caregiver burden.

6. Participation

A) Should I participate?

Participation in this research is completely voluntary.

B) What is expected of me if I join?

After obtaining informed consent, you will be asked a few questions about your socio demographic profile about caregiver burden, social support, and family well-being. You may provide the relevant details asked.

C) How long will my participation in the study last?

The duration of the participation may last for 25-30 minutes and it is one time only.

D) Do I have to come separately for this study or will additional tests be necessary?

No.

E) What are the potential benefits of joining?

No benefits of participation. However your participation will help to know the magnitude of burden, social support, family well-being of the caregivers of the CMD patient.

F) Potential loss and risk from participating in it.

There is no harm or risk due to participation in this study. You will not be paid for your participation.

G) What will happen to the information collected about me?

All information collected will be kept strictly confidential. Access to data will be provided only to individuals permitted by law if deemed necessary.

H) What happens if I change my mind about participating in this study?

You have the right to change your views at any time during the course of study without any damages or penalties.

I) Whom should I contact for more information regarding this or if I have any question/doubts in my mind later?

If you want any information you can contact:

Mr. Dharmdas Ratre

M.Sc. Nursing (2022-2024),

Nursing College, AIIMS, Bhopal

Ph.: 9179833481

E-mail: Dharmdasr.mscnursing22@aiimsbhopal.edu.in

**Date:**

**Place:**

**ANNEXURE 11**

## प्रतिभागी सूचना पत

1. अध्ययन का शीर्षक: भोपाल में एक तृतीयक देखभाल अस्पताल में सामान्य मानसिक विकार रोगियों की देखभाल करने वालों के बीच देखभाल करने वालों के बोझ, सामाजिक समर्थन और परिवार कल्याण पर अध्ययन"
2. अध्ययन जांचकर्ता- श्री धर्मदास रात्रे, एम.एससी। नर्सिंग (मनोचिकित्सा) बैच 2022-2024
3. मार्गदर्शक (गाइड) - श्री राजरतन गुप्ता, सहायक प्राध्यापक, नर्सिंग कॉलेज, एम्स भोपाल
4. सह मार्गदर्शक -

अ. डॉ. मैक्सी मार्टिस, सह प्राध्यापक, नर्सिंग कॉलेज, एम्स भोपाल

ब. डॉ. विजेंदर सिंह, प्राध्यापक एवं प्रमुख मनोचिकित्सा विभाग, एम्स भोपाल

5. परिचयः मानसिक विकार वाले व्यक्ति के साथ रहना और उसकी देखभाल करना स्वाभाविक रूप से तनावपूर्ण लगता है। मनोरोग रोगियों के रिश्तेदार उनकी स्थिति पर विभिन्न प्रकार की प्रतिक्रियाओं की रिपोर्ट करते हैं। कुल मिलाकर, मनोरोग रोगियों के परिवार के सदस्यों में सामान्य आबादी की तुलना में मनोवैज्ञानिक संकट का स्तर काफी अधिक होता है
अध्ययनों से पता चला है कि मानसिक रूप से बीमार लोगों की देखभाल करने में, परिवार की देखभाल करने वालों को असुरक्षा, दुख और चिंता, संभावित नुकसान और आक्रामकता, रिश्तेदारों और दोस्तों द्वारा कलंकित होना, मनोवैज्ञानिक आपात स्थिति और पुनरावृत्ति, निर्भरता, सामाजिक अलगाव और डर की भावनाओं का सामना करना पड़ता है। भविष्य। यह अध्ययन भोपाल के एक तृतीयक देखभाल अस्पताल में मानसिक रूप से बीमार रोगियों की देखभाल करने वालों के बीच बोझ, सामाजिक समर्थन और पारिवारिक कल्याण को समझने के लिए लिया गया है। इस अध्ययन के निष्कर्षों से नीति निर्माताओं/स्वास्थ्य देखभाल पेशेवरों को पारिवारिक कल्याण में सुधार करने और देखभाल करने वालों के बोझ को कम करने में मदद मिलेगी।

6. **भाग लेना – इसमें क्या शामिल है ?**

### a. क्या मुझे भाग लेना चाहिए ?

इस शोध में भागीदारी पूर्णतःस्वैच्छिक है।

### b. यदि मैं इसमें शामिल होता हूं तो मुझसे क्या अपेक्षित हैं ?

सूचित सहमति प्राप्त करने के बाद, आपसे आपका सामाजिक जनसांख्यिकीय डेटा और प्रश्नावली में मौजूद वस्तुओं के बारे में पूछा जाएगा ताकि बोझ, सामाजिक समर्थन और पारिवारिक भलाई का आकलन किया जा सके। आप पूछे गए प्रासंगिक विवरण प्रदान कर सकते हैं।

### c. अध्ययन में मेरी भागीदारी कब तक चलेगी ?

अध्ययन में आपकी भागीदारी 25-30 मिनट के लिए होगी

### d. क्या मुझे इस अध्ययन के लिए अलग से आना पड़ेगा या अतिरिक्त जांच जरूरी होगी

अलग से आना आवश्यक नहीं है

### e. इसमें शामिल होने से संभावित लाभ क्या है ?

भागीदारी का कोई लाभ नहीं. हालाँकि आपकी भागीदारी से सीएमडी रोगी के बोझ, सामाजिक समर्थन, पारिवारिक कल्याण की भयावहता को जानने में मदद मिलेगी।

**f. इसमें भाग लेने से संभावित हानि एवं जोखिम ।**

इस अध्ययन में भाग लेने से कोई नुकसान या जोखिम नहीं है। आपकी भागीदारी के लिए आपको भुगतान नहीं किया जाएगा ।

**g. मेरे बारे में एकत्र की गई सूचना का क्या किया जाएगा?**

एकत्र की गई सभी सूचना पूर्णतःगोपनीय रखी जाएगी तथा अध्ययन से प्राप्त निष्कर्षों को अन्य किसी से साझा नहीं किया जाएगा । इन्हें ग्रुप आंकड़े के रूप मे रिपोर्ट किया जाएगा और किसी भी तरह से आपकी पहचान उजागर नहीं होगी ।

**h. इस अध्ययन मे भाग लेने के लिए मेरे विचार बदलने पर क्या होगा?**

अध्ययन के दौरान किसी भी समय बिना किसी क्षति या दंड के आपको अपने विचार बदलने का पूराअधिकार है ।

**i.इस संबंध मे अधिक जानकारी के लिए या बाद मे मेरे मन मे कोई प्रश्न या शंका होने पर मुझ किनसे संपर्क करना होगा?**

यदि आप कोई सूचना चाहते हैं या आपका कोई प्रश्न है या शंका है तो आप इन नंबरों पर संपर्क कर सकते हैं:

धर्मदास रात्रे

स्नातकोत्तर छात्र,

नर्सिंग विभाग, एम्स, भोपाल

9179833481

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**Date:**

**Place:**

**ANNEXURE 12**

**PARTICIPANT INFORMED CONSENT FORM**

**<u>प्रतिभागी सूचना सहमति प्रपत्र</u>**

**<u>[PARTICIPANT INFORMED CONSENT FORM (PICF)]</u>**

इस अध्ययन के लिए प्रतिभागी का पहचान नंबरः.....

Participant Identification Number for this

अनुसंधान का शीर्षकः भोपाल में एक तृतीयक देखभाल अस्पताल में सामान्य मानसिक विकार रोगियों की देखभाल करने वालों के बीच देखभाल करने वालों के बोझ, सामाजिक समर्थन और परिवार कल्याण पर अध्ययन"

Title of Project: **A Study to assess caregiver burden, social support, and family well-being among caregivers of common mental disorder patients at a tertiary care hospital in Bhopal"**

शोधकर्ता छात्र का नाम : धर्मदास रात्रे , फोन नं: 9179833481

Name of Student Investigator: Dharmdas Ratre, Tel No.(s): 9179833481

शोध मार्गदर्शक का नाम : श्री राजरतन गुप्ता, सहायक प्राध्यापक, नर्सिंग कॉलेज, एम्स भोपाल (गाइड)

सह मार्गदर्शक (नाम, विभाग)- डॉ. मैक्सी मार्टिस, सह प्राध्यापक, नर्सिंग कॉलेज, एम्स भोपाल (सह-गाइड)

सह मार्गदर्शक (नाम, विभाग)- डॉ. विजेंदर सिंह, प्राध्यापक एवं प्रमुख मनोचिकित्सा विभाग, एम्स भोपाल (सह-गाइड)

Name of Thesis Guide**:** Mr. Rajratan Gupta, Assistant Professor, Nursing College, AIIMS Bhopal (Guide)

Dr. Maxie Martis, Associate Professor, Nursing College, AIIMS Bhopal (Co-Guide)

Dr. Vijender Singh, Professor & Head Department of Psychiatry, AIIMS Bhopal (Co-Guide)

मैंने दिनांक के सूचना पत्रक संस्करण II में दिए गए सभी तथ्यों को सावधानीपूर्वक पढ़ लिया है/ मुझे अपनी भाषा में स्पष्ट रूप से विस्तारपूर्वक समझा दिया गया है, और मैंने तथ्यों को पूर्णतःसमझ लिया है। मैं पुष्टि करता/ करती हूँ, कि मुझे सवाल पूछने के अवसर प्रदान किए गए।

The contents of the information sheet version II dated that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

मुझे इस अध्ययन की प्रकृति एवं उद्देश्य और इसके संभावित जोखिमों / लाभों तथा अध्ययन की अनुमानित अवधि एवं अन्य प्रासंगिक जानकारी के बारे में विस्तारपूर्वक समझा दिया गया है। मुझे पता है कि इस अध्ययन में मेरी भागीदारी स्वैच्छिक है तथा मैं इस अध्ययन से किसी भी समय बिना कोई कारण बताए, अपना नाम वापस लेने के लिए स्वतंत्र हूं और नाम वापस लेने पर मेरी चिकित्सा देखभाल या कानूनी अधिकारों पर कोई प्रभाव नहीं पड़ेगा।

The nature and purpose of the study and its potential risks/benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free

to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

मैं समझता/समझती हूं कि इस अनुसंधान में मेरी भागीदारी से मेरे बारे में एकत्र की गई जानकारी और मेरे चिकित्सीय दस्तावेजों के किसी भी भाग को एम्स के जिम्मेदार व्यक्तियों द्वारा ही देखा जाएगा। मैं इन व्यक्तियों को मेरे रिकॉर्ड प्राप्त करने की अनुमति प्रदान करता/ करती हूँ।

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from AIIMS. I give permission for this individual to have access to my records.

मैं उक्त अध्ययन में भाग लेने के लिए सहमत हूं/I agree to take part in the above study.

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(प्रतिभागी के हस्ताक्षर / बांए अंगूठे का निशान) (Signature/Left Thumb Impression)

दिनांक/Date……स्थान/Place ……

प्रतिभागी का नाम/Name of the participant……

पिता/पति/पत्नी का नाम /Son/Daughter/Spouse of……

डाक का पूरा पता /Complete Postal Address ……

अगर अशिक्षित हों / If illiterate.

सूचना पत्र को प्रतिभागी को पढ़ा और समझाया गया है और प्रश्न पूछने का अवसर दिया गया है। मैं पुष्टि करता हूं कि व्यक्ति ने स्वतंत्र रूप से अपनी सहमति दी है

The information sheet has been read and explained to the participant and given the opportunity to ask questions. I confirm that the individual has given consent freely.

दिनांक/Date:

एलएआर या निष्पक्ष गवाह का नाम / Name of LAR or impartial witness.

पता / Address :-

प्रमाणित किया जाता है कि उक्त सहमति मेरी उपस्थिति में प्राप्त की गई ।

This is to certify that the above consent has been obtained in my presence.

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छात्र शोधकर्ता के हस्ताक्षर दिनांक……

स्थान……

Signature of the student Investigator

Date …… Place ……

## ANNEXURE 13

## CODING OF MASTER DATA SHEET

| | |
|---|---|
| **1.Age (in years)** | A. 20-39 - 1<br>B. 40-59 -2<br>C. >60 - 3 |
| **2. Gender** | A. Male - 1<br>B. Female -2<br>C. Any other (specify)-3 |
| **3.Marital status** | A. Single -1<br>B. Married-2<br>C. Widowed-3<br>D. Divorced-4<br>E. Separated but not divorced-5 |
| **4. Educational status** | A. Post graduation -1<br>B. Graduation-2<br>C. Diploma-3<br>D. Senior secondary (9-11)-4<br>E. Upper primary (6-8) -5<br>F. Primary school (1-5) -6<br>G. Not gone to school (cant read and write) -7<br>I. Not gone to school (can read and write) -8 |
| 5. **Religion** | A. Hindu -1<br>B. Muslim -2<br>C. Christian -3<br>D. Any other (specify) -4 |
| 6. **Residential area** | A. Rural -1<br>B. Urban -2 |
| 7. **Employment status** | A. Employed -1<br>B. Unemployed -2 |
| **8. Occupation** | A. Professional -1<br>B. Semi-professional -2<br>C. Clerical, shop owner, farmer -3<br>D. Skilled worker -4 |

| | |
|---|---|
| | E. Semi-skilled worker -5<br>F. Unskilled - 6<br>G. Not work -7 |
| 9. **Family Income per month( in rupees)** | A. >18229 -1<br>B. 9115-18229 -2<br>C. 6836-9114 -3<br>D. 4557-6835 -4<br>E. 2734-4556 -5<br>F. 921-2733 -6 |
| 10**. Have you attend any training program on care of person with mental illness** | A. Yes -1<br>B. No -2 |

# ANNEXURE 14

# MASTER DATA SHEET

SOCIO-DEMOGRAPHIC DATA OF CAREGIVER

| Subjects | Age (in years) | Gender | Marital status | Education status | Religion | Residential area | Employment status | Occupation | Family income (month) | Training program |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 2 |
| 2 | 2 | 2 | 2 | 5 | 1 | 2 | 1 | 6 | 2 | 2 |
| 3 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 4 | 1 | 2 |
| 4 | 2 | 2 | 2 | 5 | 2 | 2 | 1 | 6 | 2 | 2 |
| 5 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 6 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |
| 7 | 1 | 2 | 2 | 6 | 1 | 2 | 1 | 6 | 3 | 2 |
| 8 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 6 | 3 | 2 |
| 9 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 |
| 10 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |
| 11 | 1 | 1 | 2 | 5 | 1 | 2 | 1 | 5 | 4 | 2 |
| 12 | 1 | 1 | 2 | 5 | 1 | 2 | 1 | 3 | 2 | 2 |
| 13 | 1 | 1 | 1 | 3 | 1 | 2 | 2 | 7 | 1 | 2 |

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| 14 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 2 |
| 15 | 2 | 2 | 2 | 4 | 1 | 1 | 1 | 4 | 1 | 2 |
| 16 | 2 | 1 | 2 | 5 | 1 | 2 | 1 | 3 | 2 | 2 |
| 17 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| 18 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 5 | 1 | 2 |
| 19 | 2 | 1 | 2 | 5 | 1 | 1 | 1 | 3 | 2 | 2 |
| 20 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 4 | 2 | 2 |
| 21 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 22 | 1 | 1 | 2 | 5 | 1 | 1 | 1 | 3 | 2 | 2 |
| 23 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 5 | 1 | 2 |
| 24 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 3 | 4 | 2 |
| 25 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 26 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 7 | 1 | 2 |
| 27 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 7 | 1 | 2 |
| 28 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 1 | 2 |
| 29 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 6 | 1 | 2 |
| 30 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 4 | 1 | 2 |
| 31 | 2 | 1 | 2 | 6 | 1 | 2 | 1 | 5 | 2 | 2 |

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| 32 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 7 | 1 | 2 |
| 33 | 3 | 1 | 2 | 4 | 2 | 2 | 1 | 4 | 3 | 2 |
| 34 | 2 | 2 | 2 | 4 | 1 | 1 | 1 | 2 | 1 | 1 |
| 35 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 36 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 3 | 2 | 2 |
| 37 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 38 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 |
| 39 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |
| 40 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |
| 41 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 7 | 2 | 2 |
| 42 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 6 | 1 | 2 |
| 43 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 2 | 2 |
| 44 | 2 | 2 | 2 | 6 | 1 | 2 | 1 | 6 | 1 | 2 |
| 45 | 2 | 2 | 2 | 7 | 1 | 1 | 1 | 6 | 2 | 2 |
| 46 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 5 | 2 |
| 47 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 6 | 3 | 2 |
| 48 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 2 | 1 | 2 |
| 49 | 3 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 2 |

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| 50 | 2 | 2 | 2 | 4 | 1 | 1 | 1 | 5 | 6 | 2 |
| 51 | 3 | 1 | 2 | 3 | 1 | 2 | 2 | 7 | 1 | 2 |
| 52 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 5 | 3 | 2 |
| 53 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 2 | 2 |
| 54 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 2 | 2 |
| 55 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 6 | 1 | 1 |
| 56 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 57 | 2 | 1 | 2 | 3 | 1 | 1 | 1 | 3 | 2 | 2 |
| 58 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 3 | 2 | 2 |
| 59 | 2 | 2 | 2 | 5 | 1 | 2 | 1 | 6 | 2 | 2 |
| 60 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 |
| 61 | 2 | 2 | 2 | 4 | 1 | 2 | 1 | 6 | 1 | 2 |
| 62 | 1 | 2 | 2 | 6 | 1 | 2 | 1 | 5 | 3 | 2 |
| 63 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 64 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 2 |
| 65 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 6 | 2 | 2 |
| 66 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 2 |
| 67 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 1 | 2 |

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| 68 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 3 | 4 | 2 |
| 69 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 1 | 2 |
| 70 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 6 | 2 |
| 71 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 4 | 1 | 2 |
| 72 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 7 | 2 | 2 |
| 73 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 7 | 1 | 2 |
| 74 | 3 | 1 | 2 | 3 | 1 | 2 | 2 | 7 | 1 | 2 |
| 75 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 4 | 2 |
| 76 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | 7 | 1 | 2 |
| 77 | 1 | 2 | 1 | 4 | 1 | 1 | 2 | 7 | 2 | 2 |
| 78 | 2 | 1 | 2 | 8 | 1 | 2 | 1 | 5 | 4 | 2 |
| 79 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 3 | 2 | 2 |
| 80 | 1 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 |
| 81 | 1 | 2 | 2 | 5 | 2 | 2 | 1 | 3 | 2 | 2 |
| 82 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 7 | 1 | 2 |
| 83 | 2 | 1 | 2 | 5 | 1 | 1 | 1 | 5 | 3 | 2 |
| 84 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 4 | 2 |
| 85 | 1 | 1 | 2 | 4 | 1 | 2 | 1 | 3 | 1 | 2 |

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| 86 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |
| 87 | 1 | 2 | 2 | 6 | 1 | 1 | 1 | 6 | 2 | 2 |
| 88 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 3 | 2 |
| 89 | 1 | 2 | 1 | 2 | 2 | 1 | 2 | 7 | 4 | 2 |
| 90 | 1 | 1 | 2 | 5 | 1 | 1 | 1 | 3 | 3 | 2 |
| 91 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 6 | 1 | 2 |
| 92 | 2 | 1 | 2 | 5 | 1 | 2 | 2 | 7 | 3 | 2 |
| 93 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 3 | 1 | 2 |
| 94 | 2 | 1 | 2 | 5 | 1 | 1 | 1 | 5 | 2 | 2 |
| 95 | 3 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 1 | 2 |
| 96 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 7 | 2 | 2 |
| 97 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 5 | 1 | 2 |
| 98 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 2 |
| 99 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 3 | 4 | 2 |
| 100 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 7 | 2 | 2 |
| 101 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |
| 102 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 103 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 1 | 2 |

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| 104 | 1 | 1 | 2 | 1 | 3 | 2 | 1 | 2 | 1 | 2 |
| 105 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 2 |
| 106 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 4 | 1 | 2 |
| 107 | 3 | 1 | 2 | 4 | 1 | 2 | 2 | 7 | 1 | 2 |
| 108 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 7 | 1 | 2 |
| 109 | 1 | 2 | 2 | 4 | 1 | 2 | 1 | 6 | 1 | 2 |
| 110 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 5 | 2 |
| 111 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 7 | 1 | 2 |
| 112 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 7 | 4 | 2 |
| 113 | 1 | 1 | 2 | 5 | 1 | 2 | 1 | 3 | 2 | 2 |
| 114 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 1 | 2 |
| 115 | 1 | 2 | 3 | 6 | 1 | 2 | 1 | 6 | 3 | 2 |
| 116 | 2 | 1 | 2 | 6 | 1 | 1 | 1 | 3 | 3 | 2 |
| 117 | 1 | 2 | 2 | 8 | 1 | 2 | 1 | 3 | 2 | 2 |
| 118 | 2 | 1 | 2 | 6 | 1 | 2 | 1 | 5 | 3 | 2 |
| 119 | 2 | 2 | 2 | 6 | 1 | 1 | 1 | 6 | 4 | 2 |
| 120 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 7 | 1 | 2 |
| 121 | 3 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |

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| 122 | 1 | 2 | 2 | 5 | 1 | 1 | 1 | 6 | 1 | 2 |
| 123 | 1 | 2 | 2 | 5 | 1 | 1 | 1 | 6 | 2 | 2 |
| 124 | 2 | 1 | 2 | 4 | 1 | 1 | 2 | 7 | 3 | 2 |
| 125 | 2 | 1 | 2 | 6 | 1 | 1 | 1 | 5 | 4 | 2 |
| 126 | 1 | 1 | 2 | 6 | 1 | 1 | 1 | 5 | 3 | 2 |
| 127 | 1 | 2 | 2 | 4 | 1 | 1 | 2 | 7 | 4 | 2 |
| 128 | 1 | 2 | 2 | 3 | 1 | 1 | 1 | 2 | 1 | 2 |
| 129 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 5 | 3 | 2 |
| 130 | 2 | 2 | 2 | 5 | 1 | 1 | 1 | 6 | 2 | 2 |
| 131 | 1 | 1 | 2 | 5 | 1 | 2 | 1 | 4 | 2 | 2 |
| 132 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 3 | 1 | 2 |
| 133 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 1 | 2 |
| 134 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 5 | 3 | 2 |
| 135 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |
| 136 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 3 | 4 | 2 |
| 137 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 7 | 1 | 2 |
| 138 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 7 | 1 | 2 |
| 139 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 5 | 2 | 2 |

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| 140 | 3 | 1 | 2 | 1 | 1 | 2 | 2 | 7 | 2 | 2 |
| 141 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 |
| 142 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 6 | 1 | 2 |
| 143 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 3 | 3 | 2 |
| 144 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 7 | 2 | 2 |
| 145 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 7 | 3 | 2 |
| 146 | 3 | 1 | 2 | 4 | 1 | 2 | 2 | 7 | 3 | 2 |
| 147 | 1 | 1 | 2 | 6 | 1 | 1 | 1 | 5 | 2 | 2 |
| 148 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 6 | 2 | 2 |
| 149 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 7 | 1 | 2 |
| 150 | 1 | 1 | 1 | 4 | 1 | 1 | 1 | 3 | 2 | 2 |
| 151 | 2 | 1 | 2 | 6 | 1 | 1 | 1 | 5 | 5 | 2 |
| 152 | 1 | 1 | 2 | 4 | 1 | 2 | 1 | 4 | 3 | 2 |
| 153 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 2 |
| 154 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 7 | 1 | 2 |
| 155 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 3 | 2 | 2 |
| 156 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 3 | 4 | 2 |
| 157 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |

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| 158 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |
| 159 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |
| 160 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 5 | 2 | 2 |
| 161 | 2 | 2 | 2 | 4 | 1 | 1 | 1 | 5 | 2 | 1 |
| 162 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 7 | 1 | 2 |
| 163 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 4 | 2 |
| 164 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 4 | 2 |
| 165 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 5 | 2 | 2 |
| 166 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 7 | 1 | 2 |
| 167 | 2 | 1 | 2 | 6 | 1 | 1 | 1 | 3 | 4 | 2 |
| 168 | 3 | 1 | 2 | 5 | 1 | 2 | 1 | 5 | 2 | 2 |
| 169 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 1 | 2 |
| 170 | 2 | 1 | 2 | 6 | 1 | 1 | 1 | 3 | 1 | 2 |
| 171 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 6 | 2 | 2 |
| 172 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 3 | 1 | 2 |
| 173 | 2 | 1 | 1 | 4 | 1 | 2 | 1 | 3 | 2 | 2 |
| 174 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 4 | 1 | 1 |
| 175 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 3 | 2 | 2 |

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| 176 | 2 | 1 | 2 | 6 | 1 | 2 | 1 | 5 | 3 | 2 |
| 177 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 178 | 3 | 1 | 2 | 4 | 1 | 2 | 1 | 3 | 1 | 2 |
| 179 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 5 | 2 |
| 180 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 5 | 2 | 2 |
| 181 | 1 | 2 | 2 | 3 | 2 | 2 | 1 | 2 | 1 | 2 |
| 182 | 1 | 1 | 1 | 5 | 1 | 2 | 1 | 5 | 3 | 2 |
| 183 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 3 | 2 |
| 184 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 4 | 2 |
| 185 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 3 | 1 | 2 |
| 186 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 1 |
| 187 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 7 | 1 | 2 |
| 188 | 2 | 1 | 2 | 5 | 1 | 1 | 1 | 3 | 2 | 2 |
| 189 | 1 | 2 | 2 | 5 | 1 | 2 | 1 | 6 | 2 | 2 |
| 190 | 1 | 1 | 1 | 4 | 1 | 2 | 1 | 3 | 1 | 2 |
| 191 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 2 | 2 |
| 192 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |
| 193 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | 4 | 1 | 2 |

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|---|---|---|---|---|---|---|---|---|---|---|
| 194 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 1 | 2 |
| 195 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 4 | 1 | 2 |
| 196 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 6 | 2 | 2 |
| 197 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 4 | 2 |
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| 199 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 6 | 5 | 2 |
| 200 | 2 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 2 | 2 |
| 201 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 3 | 1 | 2 |
| 2O2 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 7 | 1 | 2 |
| 203 | 1 | 2 | 2 | 4 | 1 | 2 | 1 | 6 | 1 | 2 |
| 204 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 6 | 1 | 2 |
| 205 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 3 | 1 | 2 |
| 206 | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 |
| 207 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 3 | 2 |
| 208 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 7 | 1 | 2 |
| 209 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 2 |
| 210 | 2 | 2 | 2 | 6 | 2 | 1 | 1 | 6 | 1 | 2 |
| 211 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 3 | 1 | 2 |

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|---|---|---|---|---|---|---|---|---|---|---|
| 212 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 7 | 2 | 2 |
| 213 | 1 | 2 | 2 | 4 | 1 | 1 | 1 | 6 | 2 | 2 |
| 214 | 2 | 1 | 2 | 5 | 2 | 1 | 1 | 3 | 3 | 2 |
| 215 | 2 | 2 | 2 | 5 | 1 | 1 | 1 | 6 | 2 | 2 |
| 216 | 1 | 1 | 2 | 5 | 1 | 2 | 1 | 3 | 1 | 2 |
| 217 | 2 | 1 | 2 | 3 | 1 | 1 | 1 | 5 | 2 | 2 |
| 218 | 1 | 2 | 2 | 3 | 1 | 1 | 1 | 6 | 2 | 2 |
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| 221 | 2 | 2 | 2 | 4 | 1 | 2 | 1 | 3 | 1 | 2 |
| 222 | 1 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
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| 224 | 2 | 2 | 2 | 5 | 2 | 1 | 1 | 6 | 3 | 2 |
| 225 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 2 |
| 226 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 2 |
| 227 | 2 | 1 | 2 | 3 | 1 | 1 | 1 | 4 | 1 | 2 |
| 228 | 1 | 1 | 2 | 4 | 1 | 1 | 1 | 5 | 4 | 2 |
| 229 | 1 | 2 | 2 | 6 | 1 | 2 | 1 | 6 | 1 | 2 |

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| 230 | 3 | 2 | 3 | 5 | 3 | 1 | 1 | 6 | 3 | 2 |
| 231 | 1 | 2 | 2 | 5 | 1 | 2 | 1 | 6 | 2 | 2 |
| 232 | 1 | 1 | 5 | 2 | 1 | 2 | 1 | 4 | 1 | 2 |
| 233 | 2 | 1 | 2 | 5 | 1 | 1 | 2 | 7 | 3 | 2 |
| 234 | 2 | 1 | 2 | 6 | 2 | 2 | 1 | 3 | 2 | 2 |
| 235 | 1 | 1 | 2 | 6 | 1 | 2 | 1 | 3 | 3 | 2 |
| 236 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 3 | 2 | 2 |

**SOCIO-DEMOGRAPHIC DATA OF PATEINT**

| Subject | Ques 1 | Ques 2 | Ques 3 | Ques 4 | Ques 5 | Ques 6 | Ques 7 | Ques 8 | Ques 9 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 2 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 |
| 3 | 2 | 2 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 4 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 5 | 2 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 6 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 7 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 8 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 9 | 2 | 2 | 3 | 1 | 2 | 6 | 2 | 2 | 1 |
| 10 | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 11 | 2 | 2 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
| 12 | 3 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |

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| 13 | 3 | 1 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 14 | 4 | 2 | 1 | 1 | 2 | 4 | 2 | 2 | 1 |
| 15 | 2 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 1 |
| 16 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 17 | 4 | 1 | 4 | 1 | 2 | 3 | 2 | 2 | 1 |
| 18 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 19 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 20 | 2 | 2 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 21 | 3 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 22 | 3 | 1 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 23 | 4 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 24 | 3 | 1 | 4 | 1 | 2 | 3 | 2 | 2 | 1 |
| 25 | 3 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 26 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 27 | 3 | 2 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 28 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 29 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 30 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 31 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 32 | 2 | 1 | 3 | 1 | 2 | 6 | 2 | 2 | 1 |
| 33 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 34 | 2 | 1 | 4 | 1 | 2 | 1 | 2 | 2 | 1 |
| 35 | 3 | 1 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 36 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
| 37 | 2 | 2 | 4 | 1 | 2 | 6 | 2 | 2 | 1 |
| 38 | 2 | 2 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 39 | 3 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |

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| 40 | 1 | 2 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 41 | 3 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 1 |
| 42 | 4 | 1 | 3 | 1 | 2 | 4 | 2 | 2 | 1 |
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| 44 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 45 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
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| 47 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 48 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
| 49 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
| 50 | 2 | 1 | 3 | 1 | 2 | 1 | 2 | 2 | 1 |
| 51 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 53 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 |
| 54 | 1 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 55 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 |
| 56 | 2 | 2 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
| 57 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
| 58 | 2 | 2 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
| 59 | 3 | 1 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 60 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 61 | 3 | 2 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 62 | 2 | 1 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 63 | 3 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 1 |
| 64 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 65 | 1 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 |
| 66 | 3 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 1 |

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|---|---|---|---|---|---|---|---|---|---|
| 67 | 2 | 1 | 3 | 1 | 2 | 6 | 2 | 2 | 1 |
| 68 | 3 | 1 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 69 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 70 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 72 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 73 | 4 | 1 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 74 | 3 | 2 | 4 | 1 | 2 | 5 | 2 | 2 | 1 |
| 75 | 3 | 2 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
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| 80 | 2 | 2 | 4 | 1 | 2 | 6 | 2 | 2 | 1 |
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| 83 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 85 | 3 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
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| 94 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 95 | 4 | 2 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 98 | 3 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 |
| 99 | 3 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 100 | 3 | 1 | 4 | 1 | 2 | 4 | 2 | 2 | 1 |
| 101 | 4 | 1 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 102 | 3 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 103 | 4 | 2 | 3 | 1 | 2 | 3 | 2 | 2 | 1 |
| 104 | 1 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 105 | 2 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 106 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 110 | 2 | 1 | 4 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 112 | 3 | 1 | 1 | 1 | 2 | 4 | 2 | 2 | 1 |
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| 114 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 115 | 2 | 2 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 116 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 118 | 3 | 2 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 120 | 3 | 1 | 3 | 1 | 2 | 4 | 2 | 2 | 1 |

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| 121 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 122 | 2 | 1 | 4 | 1 | 2 | 5 | 2 | 2 | 1 |
| 123 | 2 | 1 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 124 | 2 | 1 | 4 | 1 | 2 | 2 | 2 | 2 | 1 |
| 125 | 3 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
| 126 | 3 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 127 | 2 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 128 | 2 | 1 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
| 129 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 |
| 130 | 2 | 2 | 4 | 1 | 2 | 1 | 2 | 2 | 1 |
| 131 | 2 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 132 | 2 | 2 | 2 | 1 | 2 | 4 | 2 | 2 | 1 |
| 133 | 3 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 134 | 3 | 1 | 3 | 1 | 2 | 6 | 2 | 2 | 1 |
| 135 | 3 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 136 | 2 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 139 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 148 | 2 | 2 | 2 | 1 | 2 | 4 | 2 | 2 | 1 |
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| 156 | 4 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 157 | 4 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
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| 160 | 2 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | 1 |
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| 168 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 1 |
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| 171 | 2 | 1 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
| 172 | 3 | 2 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 173 | 3 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 174 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |

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| 175 | 2 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
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| 179 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
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| 181 | 2 | 1 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 182 | 3 | 1 | 1 | 1 | 2 | 3 | 2 | 2 | 1 |
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| 198 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 |
| 199 | 3 | 2 | 3 | 1 | 2 | 6 | 2 | 2 | 1 |
| 200 | 4 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 201 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |

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| 202 | 3 | 1 | 3 | 1 | 2 | 4 | 2 | 2 | 1 |
| 203 | 2 | 1 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 204 | 2 | 2 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
| 205 | 2 | 2 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 214 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 215 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | 1 |
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| 220 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 224 | 3 | 1 | 3 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 226 | 2 | 1 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 227 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 228 | 4 | 1 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |

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| 229 | 3 | 1 | 1 | 1 | 2 | 5 | 2 | 2 | 1 |
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| 231 | 2 | 2 | 2 | 1 | 2 | 6 | 2 | 2 | 1 |
| 232 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 2 | 1 |
| 233 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |
| 234 | 2 | 2 | 4 | 1 | 2 | 5 | 2 | 2 | 1 |
| 235 | 2 | 2 | 2 | 1 | 2 | 5 | 2 | 2 | 1 |
| 236 | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 1 |

## CAREGIVER BURDEN QUESTIONNAIRE

| SUBJECTS | Ques1 | Ques 2 | Ques 3 | Ques 4 | Ques 5 | Ques 6 | Ques 7 | Ques 8 | Ques 9 | Ques 10 | Ques 11 | Ques 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 3 | 0 |
| 2 | 1 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 2 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 3 | 2 |
| 5 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| 7 | 3 | 4 | 2 | 2 | 4 | 3 | 3 | 0 | 3 | 2 | 3 | 3 |
| 8 | 2 | 3 | 1 | 0 | 3 | 0 | 2 | 2 | 1 | 2 | 4 | 2 |
| 9 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |

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| 10 | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 1 |
| 11 | 2 | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 2 | 1 | 3 | 1 |
| 12 | 2 | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 2 | 3 | 3 | 2 |
| 13 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 3 | 1 |
| 14 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 1 |
| 15 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 2 | 1 |
| 16 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| 17 | 1 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 3 | 1 |
| 18 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 2 | 3 | 1 |
| 19 | 1 | 1 | 2 | 1 | 3 | 1 | 3 | 1 | 1 | 1 | 2 | 1 |
| 20 | 1 | 1 | 0 | 0 | 1 | 0 | 2 | 2 | 1 | 2 | 1 | 1 |
| 21 | 1 | 2 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 1 | 1 |
| 22 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 2 | 0 |
| 23 | 2 | 2 | 1 | 1 | 2 | 0 | 2 | 1 | 2 | 1 | 2 | 2 |
| 24 | 1 | 2 | 0 | 1 | 2 | 2 | 2 | 2 | 0 | 0 | 3 | 2 |
| 25 | 3 | 2 | 2 | 3 | 2 | 0 | 2 | 0 | 1 | 1 | 1 | 2 |
| 26 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 3 | 3 | 2 |
| 27 | 2 | 2 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 4 | 1 |

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| 128 | 2 | 3 | 2 | 3 | 2 | 2 | 1 | 2 | 3 | 2 | 1 | 2 |
| 129 | 3 | 2 | 2 | 2 | 2 | 1 | 3 | 2 | 0 | 0 | 0 | 3 |
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| 131 | 3 | 4 | 3 | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 1 | 0 |
| 132 | 2 | 3 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 0 | 0 | 0 |
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| 142 | 1 | 1 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 1 |
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| 147 | 3 | 3 | 3 | 2 | 3 | 1 | 2 | 1 | 0 | 1 | 2 | 3 |
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| 149 | 2 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 2 |
| 150 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 0 | 0 | 2 | 2 | 1 |
| 151 | 3 | 3 | 3 | 2 | 3 | 1 | 3 | 1 | 1 | 2 | 3 | 2 |
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| 155 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
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| 170 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 2 | 2 | 1 |
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| 172 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 2 | 3 | 1 |
| 173 | 3 | 3 | 1 | 1 | 3 | 1 | 2 | 0 | 0 | 2 | 2 | 1 |
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| 187 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 3 | 2 | 1 |
| 188 | 2 | 1 | 2 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 1 |
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| 202 | 3 | 4 | 1 | 1 | 2 | 3 | 0 | 3 | 2 | 2 | 3 | 2 |
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| 204 | 2 | 3 | 1 | 1 | 3 | 3 | 2 | 1 | 3 | 0 | 3 | 3 |
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| 222 | 0 | 2 | 0 | 3 | 2 | 0 | 1 | 2 | 1 | 1 | 1 | 2 |
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## SOCIAL SUPPORT QUESTIONNAIRE

| PIN | QUES 1 | QUES 2 | QUES 3 | QUES 4 | QUES 5 | QUES 6 | QUES 7 | QUES 8 | QUES 9 | QUES 10 | QUES 11 | QUES 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 6 | 5 | 6 | 2 |
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| 3 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 6 |
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| 5 | 6 | 6 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 6 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 |
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| 23 | 3 | 3 | 5 | 5 | 6 | 3 | 3 | 3 | 5 | 6 | 2 | 5 |
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| 206 | 5 | 5 | 3 | 3 | 5 | 6 | 5 | 4 | 5 | 5 | 6 | 7 |
| 207 | 5 | 5 | 4 | 5 | 5 | 1 | 1 | 1 | 1 | 1 | 4 | 3 |
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| 215 | 3 | 3 | 6 | 5 | 3 | 6 | 1 | 1 | 5 | 5 | 7 | 3 |
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| 235 | 4 | 4 | 3 | 3 | 4 | 5 | 4 | 3 | 4 | 3 | 4 | 3 |
| 236 | 4 | 3 | 4 | 5 | 5 | 4 | 3 | 4 | 5 | 4 | 5 | 4 |

**FAMILY HEALTH QUESTIONNAIRE**

| SUBJECTS | QUES 1 | QUES 2 | QUES 3 | QUES 4 | QUES 5 | QUES 6 | QUES 7 | QUES 8 | QUES 9 | QUES 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 0 |
| 2 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 |
| 4 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 |
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| 6 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 7 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
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| 17 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 |
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| 23 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 |
| 24 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
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| 53 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 |
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| 71 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
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| 74 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
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| 77 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 |
| 78 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
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| 89 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
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| 91 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 92 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 93 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 |
| 94 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |
| 95 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 |
| 96 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 97 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| 98 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 99 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 100 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 101 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 102 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 |
| 103 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 104 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 105 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| 106 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |

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| 107 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 108 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 109 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 110 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 111 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 112 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| 113 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 |
| 114 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 115 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |
| 116 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 |
| 117 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 118 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 119 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 120 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 121 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 122 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| 123 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 124 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |

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| 125 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 126 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 127 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 128 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 129 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 130 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 131 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 132 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 133 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| 134 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 135 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 136 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| 137 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 138 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 139 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 140 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 |
| 141 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |
| 142 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |

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| 143 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 144 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 |
| 145 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 |
| 146 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 147 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 148 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 149 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 |
| 150 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| 151 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| 152 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 153 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| 154 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 155 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 156 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 157 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 |
| 158 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 159 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 |
| 160 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |

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| 161 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 |
| 162 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 163 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| 164 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 165 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 166 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 167 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| 168 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 |
| 169 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 |
| 170 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 171 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 |
| 172 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 1 |
| 173 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 |
| 174 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 175 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 176 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| 177 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 |
| 178 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |

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| 179 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 180 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 |
| 181 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| 182 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 |
| 183 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 184 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 185 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 186 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| 187 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 188 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 189 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 190 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 |
| 191 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| 192 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 193 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 194 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 195 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| 196 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |

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| 197 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 |
| 198 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 199 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 200 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 |
| 201 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 202 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 203 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 204 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 205 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| 206 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 |
| 207 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 208 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 |
| 209 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 |
| 210 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 211 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 212 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| 213 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 1 |
| 214 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

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| 215 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 216 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| 217 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| 218 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| 219 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 |
| 220 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 221 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 222 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| 223 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 |
| 224 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 225 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 226 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 227 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 228 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 229 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |
| 230 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 231 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 232 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1 |

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| 233 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| 234 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| 235 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 1 |
| 236 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |